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THE DISABLED VETERAN

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CONTENTS

INTRODUCTION

	PAGE
THE TASK BEFORE THE VETERAN AND SOCIETY . . . <i>Wilma T. Donahue and Clark Tibbitts</i>	1

MAGNITUDE AND NATURE OF THE PROBLEM

THE PHYSICALLY DISABLED <i>Technical Information Division Office of the Surgeon General, U. S. Army</i>	10
THE MENTALLY OR EMOTIONALLY HANDICAPPED VETERAN <i>William C. Menninger</i>	20
THE SOCIALLY MALADJUSTED VETERAN <i>Norman Cameron</i>	29

LEGISLATION

FEDERAL LEGISLATION <i>Gerald Monsman</i>	38
STATE LEGISLATION <i>Lynton K. Caldwell</i>	46

PHYSICAL AND MENTAL REHABILITATION

ARMY AIR FORCES CONVALESCENT TRAINING PROGRAM <i>Howard A. Rusk and Eugene J. Taylor</i>	53
"START CLIMBING, SOLDIER!" THE ARMY PROGRAM FOR REHABILITATING CASUALTIES <i>Walter V. Bingham</i>	60
THE NAVY REHABILITATION PROGRAM <i>George C. Mann</i>	66
MEDICAL CARE PROGRAM OF THE VETERANS ADMINISTRATION <i>Frank T. Hines</i>	73
STATE AND PRIVATE AGENCIES FOR PSYCHIATRIC CARE <i>Thomas A. C. Rennie</i>	80
COMMUNITY RESPONSIBILITY FOR THE DISABLED <i>John N. Smith, Jr.</i>	87

RETRAINING AND RE-EMPLOYMENT

VOCATIONAL REHABILITATION PROGRAM OF THE VETERANS ADMINISTRATION . <i>Frank T. Hines</i>	93
REHABILITATION OF THE CIVILIAN DISABLED <i>Michael J. Shortley</i>	101
PLACEMENT SERVICE FOR DISABLED VETERANS <i>K. Vernon Banta</i>	109
THE DISABLED VETERAN IN THE FEDERAL GOVERNMENT <i>Elizabeth Cosgrove</i>	115
THE DISABLED VETERAN IN STATE AND LOCAL GOVERNMENT <i>Edward H. Litchfield</i>	122
INDUSTRY'S PLANS FOR ABSORBING THE DISABLED VETERAN <i>Helen Baker</i>	128

INDIVIDUAL AND SOCIAL ADJUSTMENT

PERSONAL ADJUSTMENT OF THE DISABLED VETERAN <i>Irvin L. Child</i>	135
COMMUNITY PROGRAMS FOR SOCIAL ADJUSTMENT <i>Eduard C. Lindeman</i>	144
THE DISABLED VETERAN IN THE FAMILY <i>Ernest R. Mowrer and Harriet R. Mowrer</i>	150
REHABILITATION SERVICES OF VETERANS ORGANIZATIONS <i>Theodore Newcomb and Amos H. Hawley</i>	160

IMPLICATIONS FOR EDUCATIONAL AGENCIES

SCHOOLS AND COLLEGES SERVE THE DISABLED <i>Francis J. Brown</i>	165
OCCUPATIONAL REHABILITATION COUNSELING . <i>Edmund G. Williamson and Edward S. Bordin</i>	175

BOOK DEPARTMENT

ADAMS, JAMES TRUSLOW, and R. V. COLEMAN (Eds.). <i>Album of American History: Colonial Period.</i> William J. Petersen	207
ANDERSON, PAUL B. <i>People, Church and State in Modern Russia.</i> Ephraim Fischhoff . .	194

	PAGE
ARCINIEGAS, GERMÁN (Ed.). <i>The Green Continent: A Comprehensive View of Latin America by Its Leading Writers.</i> Arthur P. Whitaker	199
ARNOLD, SAM. <i>Planned Docketing of Seasonal Employment.</i> William H. Stead	215
BEVERIDGE, WILLIAM H. <i>Full Employment in a Free Society.</i> Alfred Manes	214
BIESANZ, JOHN and MAVIS. <i>Costa Rican Life.</i> J. Lloyd Mecham	200
CORWIN, EDWARD S. <i>The Constitution and World Organization.</i> Robert E. Cushman	183
DEWEERD, MAJOR H. A. <i>Great Soldiers of World War II.</i> Ralph Adams Brown	193
EARHART, MARY. <i>Frances Willard: From Prayers to Politics.</i> Louise M. Young	225
<i>Economist, The, 1843-1943.</i> F. Cyril James	212
EKIRCH, ARTHUR ALPHONSE, JR. <i>The Idea of Progress in America, 1815-1860.</i> Harry Elmer Barnes	206
FEIS, HERBERT. <i>The Sinews of Peace.</i> Robert Rockafellow	185
FINE, SHERWOOD M. <i>Public Spending and Postwar Economic Policy.</i> Paul Studenski	187
FRAENKEL, ERNST. <i>Military Occupation and the Rule of Law.</i> F. Granville Munson	192
GAER, JOSEPH. <i>The First Round: The Story of the CIO Political Action Committee.</i> Belle Zeller	216
GILL, NORMAN N. <i>Municipal Research Bureaus.</i> Letter to the Editor	227
GRAHAM, BENJAMIN. <i>World Commodities and World Currency.</i> Willis J. Winn	211
GREENWOOD, ERNEST. <i>Experimental Sociology.</i> F. Stuart Chapin	223
HAYEK, FRIEDRICH A. <i>The Road to Serfdom.</i> Joseph Mayer	202
HAYNES, EVAN. <i>The Selection and Tenure of Judges.</i> W. Brooke Graves	213
HERSHBERGER, GUY FRANKLIN. <i>War, Peace, and Nonresistance.</i> Frederick A. Norwood	190
HOWENSTINE, E. JAY, JR. <i>The Economics of Demobilization.</i> Wassily Leontif	186
INFIELD, HENRIK F. <i>Cooperative Communities at Work.</i> J. O. Hertzler	197
———. <i>Cooperative Living in Palestine.</i> J. O. Hertzler	197
INTERNATIONAL LABOUR OFFICE. <i>Social Policy in Dependent Territories.</i> W. F. Stolper	198
JORDAN, MAX. <i>Beyond All Fronts.</i> Ferdinand A. Hermens	189
KARIG, WALTER, and WELBOURN KELLEY (Prepared by). <i>Battle Report: Pearl Harbor to Coral Sea.</i> Ralph Adams Brown	192
KELSEN, HANS. <i>Society and Nature: A Sociological Inquiry.</i> Robert K. Merton	222
KINGSLEY, J. DONALD. <i>Representative Bureaucracy: An Interpretation of the British Civil Service.</i> Charles S. Ascher	204
LAHNE, HERBERT J. <i>The Cotton Mill Worker.</i> Myron L. Hoch	215
LEMKIN, RAPHAEL. <i>Axis Rule in Occupied Europe.</i> Vlastimil Kybal	190
LEPLEY, RAY. <i>Verifiability of Value.</i> Joseph Mayer	221
LINTON, RALPH (Ed.). <i>The Science of Man in the World Crisis.</i> Wilson D. Wallis	220
MAIR, L. P. <i>Welfare in the British Colonies.</i> Lennox A. Mills	197
MEYER, AGNES E. <i>Journey Through Chaos.</i> James J. Flynn	188
MUNCY, LYSBETH WALKER. <i>The Junker in the Prussian Administration under William II, 1888-1914.</i> Boris Erich Nelson	196
NEUMANN, JOHN VON, and OSKAR MORGENSTERN. <i>Theory of Games and Economic Behavior.</i> E. J. Gumbel	209
NORMANO, J. F. <i>The Spirit of Russian Economics.</i> D. Fedotoff White	208
ORTEGA Y GASSET, JOSÉ. <i>Mission of the University.</i> Robert M. Hutchins	217
PARKER, FLORENCE E., and HELEN I. COWAN. <i>Cooperative Associations in Europe and Their Possibilities for Post-War Reconstruction.</i> James Peter Warbasse	186
POWER, THOMAS F., JR. <i>Jules Ferry and the Renaissance of French Imperialism.</i> H. A. Wieschhoff	195
RAPER, ARTHUR F. <i>Tenants of the Almighty.</i> Charles S. Johnson	224
SIGERIST, HENRY E. <i>Civilization and Disease.</i> Bernhard J. Stern	224
SKILTON, ROBERT H. <i>Government and the Mortgage Debtor (1929-1939).</i> Corliss L. Parry	210
STEIN, EMANUEL, and JULES BACKMAN (Eds.). <i>War Economics.</i> Arthur R. Upgren	185
SWISHER, CARL BRENT. <i>American Constitutional Development.</i> Ralph H. Gabriel	205

CONTENTS

v

	PAGE
TAUS, ESTHER ROGOFF. <i>Central Banking Functions of the United States Treasury, 1789-1941.</i> Arthur R. Upgren	205
TRAVASSOS, MARIO. <i>Introdução à Geografia das Comunicações Brasileiras.</i> Miron Burgin	208
VAN MOOK, HUBERTUS J. <i>The Netherlands Indies and Japan, Battle on Paper, 1940-1941.</i> Lennox A. Mills.	201
WARBURG, JAMES P. <i>Foreign Policy Begins at Home.</i> D. F. Fleming	182
WASSERMAN, LOUIS. <i>Modern Political Philosophies and What They Mean.</i> Francis W. Coker	203
WEIL, FELIX J. <i>Argentine Riddle.</i> Alfred Manes	201
WELLES, SUMNER. <i>The Time for Decision.</i> John E. Pomfret	182
WYNNER, EDITH, and GEORGIA LLOYD. <i>Searchlight on Peace Plans.</i> Letter to the Editor	226
ZIFF, WILLIAM B. <i>The Gentlemen Talk of Peace.</i> Linden A. Mander	183
INDEX	231

The articles appearing in THE ANNALS are indexed in the *Readers' Guide to Periodical Literature* and the *Industrial Arts Index*.

MATERIAL IN PREVIOUS ISSUES OF THE ANNALS RELATED TO TOPICS DISCUSSED IN THIS ISSUE

VOLUMES

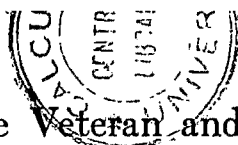
Rehabilitation of the Wounded	November 1918.
Postwar Jobs for Veterans	March 1945.

SECTIONS

Social Case Work with the Physically or Mentally Handicapped	May 1918, pp. 28-78
--	---------------------

ARTICLES

The Use of Mental Tests in Vocational Guidance	May 1916, pp. 193-204
Vocational Guidance in School and Occupation	September 1916, pp. 54-63
The After-Care of Our Disabled Soldiers and Sailors	September 1918, pp. 114-129
Sound Credit for Military Experience	January 1944, pp. 58-64
The Counseling of Students	January 1944, pp. 129-134



The Task Before the Veteran and Society

By WILMA T. DONAHUE and CLARK TIBBITTS

PRIOR to the onset of World War II, the United States had 23 million persons disabled in some degree from disease, accident, or earlier wars. Of these, 6.5 million were males between the ages of 15 and 64 years, normally breadwinners or income-producing units who needed help of one kind or another to be satisfactorily employed.¹ Another significant part of the 23 million were disabled women who were in the labor market or who would have been but for the nature of the disability. Present techniques of inquiry prohibit the making of an adequate estimate of the number of such women.

Each year some 350,000 persons are being disabled, without the increment from military duty. It is estimated that the latter source alone will add 1.5 million persons to the total number, the size of the addition being determined, of course, by unpredictable factors such as the length and the nature of the war. It is safe to assume, however, that the end of the war will find the United States with at least 8 million working-age males and an undetermined number of females who are disabled to the extent of requiring physical or vocational rehabilitation or special placement aids if they are to be adequately employed.

Eight million is a significant number. It represents one person in sixteen of the general population and at least one in seven of the working population. On the average, every fifth family will include a disabled worker—more often than not, the one who would normally be the chief breadwinner. Similar ratios calculated on the basis of all dis-

abled persons are still more striking. More than half of all families, for example, would include one or more such persons. Contact with disabled persons will be a common experience to all. American people will have the experience at home, on the street, in school, at work, in short, wherever they may go or be. It becomes necessary, therefore, for everyone to recognize the need for adapting certain aspects of the environment to the disabled and to develop appropriate attitudes toward them.

Although the present volume is concerned with the disabled veteran, the veteran is no different from any individual with a similar condition. Once he has shed his uniform, the disabled veteran looks and acts essentially the same as any other handicapped person. Much that is said, therefore, in the following chapters applies with equal force to all the disabled. This is as it should be, for the identification of special population classes on artificial grounds gives rise to inefficiency through group rivalry for benefits, duplication of administrative functions, and mushrooming of overlapping service agencies. It is traditional, of course, to make some special provision for the veteran because of the particular nature of his contribution on behalf of the community.

There is ample evidence that the people of the United States have considerable realization of the importance of providing rehabilitative services for the disabled veterans, and others too. At least two motivating forces are observable. Primarily, there is recognition of the objective of social well-being, or the right of every individual to enjoy the fullest measure of health

¹ See the article by Michael J. Shortley in this volume.

and satisfaction. The war-injured are especially considered in this light because their sacrifices were made for the preservation of American institutions and the right to individual freedom and contentment.

The second motive is the economic one, which, in turn, has two phases. In a full economy, each individual is regarded as a potentially productive unit. The disabled can be productive if their handicaps are overcome through special training, selective placement, and social adjustment. The manpower shortage of the World War II period has fully demonstrated the possibilities along these lines. It is more economical to allow the disabled to be self-supporting than it is to take care of them with full pensions at the expense, ordinarily, of the nonhandicapped workers. The remuneration of the disabled veteran will have to be supplemented with a pension to compensate him for loss of competitive ability and for whatever deprivation of social status there may be.

The present volume represents an effort to survey the field of disability in relation to veterans of World War II. Evidence is given concerning the types of disabilities that are appearing, the reconditioning and rehabilitation programs that are underway, and the problems facing both society and the individual.

MAGNITUDE AND NATURE OF THE PROBLEM

This section contains three chapters which present a good deal of information regarding the types of disabilities: physical, mental or emotional, and social. No final estimates of numbers are essayed, but the frequency of several types of physical and neurological disabilities per 1,000 disabled persons is shown. Emotional and mental disturbances and social maladjustments

are discussed in relation to their military and civilian etiology.

LEGISLATION FOR DISABLED VETERANS

The measures developed for the care of veterans of the First World War were largely palliative and experimental in nature. Today's provisions are based on the experiences and modifications of the twenty-five intervening years and on a much clearer knowledge of objectives and of the facilities required. It is significant that not a single new operating agency has been required at either the Federal or the state level. Virtually all the legislation has been designed to expand existing agencies or to extend their services to the new group of disabled. It is not implied, of course, that the problem has been solved. Indeed, the papers in the following pages provide numerous suggestions regarding the next steps to be taken.

PHYSICAL AND MENTAL REHABILITATION

The six articles under this heading describe the rehabilitation programs of the military services, the hospitalization program of the Veterans Administration, and the measures being taken by state and local agencies, both public and private, to provide physical and mental care. Nothing is more indicative of the advances in the determination to care for the war-injured than the activities of the military branches. Certainly, it is apparent that some of the best brains and skills possessed by the Nation are engaged in restorative and rehabilitative activities on behalf of the disabled serviceman. Perhaps the most significant question that can be raised at this point is whether civilian services will provide equivalent care after the time of discharge. The answer lies, of course, in the availability of personnel, in the organization of suitable agencies,

and in the willingness of the Nation to pay the cost.

Hopeful is the twofold point of view running throughout this section that the disabled man shall be treated as an individual and that he will be understood in terms of the total organism. Each disabled veteran is a person differing from all others, and must be regarded as such if his particular needs are to be met. Every aspect of the individual must be treated with reference to the whole or total personality. Provision of an artificial limb, for example, represents only partial rehabilitation unless the individual is taught how to use the limb. Even that is merely partial rehabilitation until he is given training for an occupation the duties of which he can perform, until he is psychologically prepared to accept the discomfort and appearance of the prosthetic device, until he is given an acceptable conception of his role as a disabled member of a family and a community, and until a family and a community adopt the appropriate attitudes toward him.

RETRAINING AND RE-EMPLOYMENT

Perhaps more frequently than not, the disabled individual requires vocational retraining and careful placement with respect to the disability, or rather with respect to the special abilities developed through retraining. The six articles in this section describe the programs of Federal agencies and outline the forward-looking steps of industry.

The Federal program is impressive; it recognizes that reconditioning of the war-injured is a responsibility of the whole community. Individual services are offered through numerous local facilities or by grants-in-aid to state-operated agencies. It is pointed out again and again in these articles that the main part of the reabsorption prob-

lem—the willingness to accept the disabled worker, the willingness to place him with care, and the readiness, in some cases, to redefine jobs—is a problem for solution in the individual community. What has been learned about the placement of the disabled during the period of manpower shortage must be adopted by thousands of employers, large and small. The Federal Government and the state government do not create attitudes, and they do not operate industry and business.

INDIVIDUAL AND SOCIAL ADJUSTMENT

This section comprises a group of four articles dealing with individual adjustment, community programs, family adjustment, and activities of the veterans service organizations.

The final measure of adjustment is found in the manner in which the disabled veteran returns to the web of life, in the family and among his friends and associates, in thousands of communities throughout the country. Yet, these are doubtless the most difficult of all of the phases of adjustment. There are two reasons for this. One is that the veteran released from service and returned to his own community is on his own, without the protection of the experts who have cared for him and of the others similarly disabled. The second reason is that the special knowledge and skills required in the adjustment process and the helpful attitudes toward the disabled must become the possession of hundreds of thousands, yes, millions, of families and individuals.

Government agencies can function effectively through hospitalization and reconditioning programs, can aid materially in job preparation and placement, and can ease the way through the provision of pensions, information services, and other forms of assistance. They cannot, however, reach into every com-

munity, every home, and every group to provide help when needed. When the disabled individual returns to his home, he becomes the responsibility of some community which should organize its services in such manner that the veteran will be systematically received and integrated into its life.

Community services

Local communities have much to do, therefore. Most of them have a variety of specialized services to offer in the fields of health, welfare, and recreation. These services exist in the form of institutional programs; in the activities of a great variety of groups, associations, and specialized agencies; and in the skills of professionally trained persons. The first task of each community is to inventory these services and to effect a co-ordination among them that will guarantee the availability of help without the inefficiencies of duplication, delay, needless referrals, and unskilled application of knowledge.

The dissemination of information becomes, in large measure, a responsibility of the community. Eager, impatient to get home, the veteran does not at the time of discharge absorb much of what is told to him regarding rights, benefits, employment opportunities, conversion of insurance, and so forth. Furthermore, until he reaches home and begins to find himself once more, he does not know what his problems will be. Here, then, is clearly one specific task for the home town.

Families, churches, and social organizations need information, too. How shall the disabled veteran be regarded, from his point of view and from that of the group, if he is to be assimilated? When shall experts be employed—experts in family adjustment, mental hygiene, psychiatric service, psychological examination and counseling? One of

the major problems before the individual community is that of learning to recognize the usefulness of adjustment services and of removing the stigmata so generally accorded them. The articles in this section contain numerous suggestions.

Veterans organizations have built up many services for all former members of the armed forces and for the disabled in particular. Their contribution may be relatively meager, however, unless they effectively co-operate with other agencies that are making positive efforts toward integration.

The articles in this volume disclose that there have been many innovations in the methods of rehabilitation. Radical measures need to be developed at the community level, too. One measure that may be suggested is the creation of communities primarily set up for certain classes of the disabled. Victims of arthritis, for example, have a special vocational problem because of almost constant pain. The pain is ordinarily less severe in a warm climate. Rheumatic fever patients are more comfortable in warm, moist areas. The blind and other groups of the more seriously disabled require sheltered living and working conditions. The tuberculous have long sought dry, sunny areas. It should not prove difficult, and certainly the experiment would be worth while, to set up communities with especially selected industries, especially designed homes, and especially arranged facilities for certain disability groups. For many, such communities would surely be preferable to continuous hospitalization or domiciliary care or to life in an unprotected environment.

Adjustment to disability

The plans and procedures suggested in the preceding paragraphs and in the papers in this section will be effective

only insofar as the serviceman himself is able to make his personal adjustment. He has an obligation to himself to accept the help offered and to co-operate in those activities designed to aid him in the process of adjustment. The re-conversion of the serviceman to civilian status must be an active process; it is not enough that he sit by passively and let things be done to and for him. This is true for both the uninjured and the disabled veteran. The difference in the problems of the two groups is, in the main, one of degree rather than kind.

The first adjustment the disabled man must make is to the fact that he is disabled and that this may be a permanent condition for the rest of his life. Traumatic as this realization may be, it is probably not so difficult as some of the adjustments to be made after the disabled soldier becomes a disabled civilian. When first disabled, he is still a member of a familiar organization where disablement is an almost daily event. Moreover, he knows that he will be cared for by the best-trained physicians in the world and that every known medical procedure is available to him. He is further reassured through the special physical, mental, and recreational programs carried on in the hospital. He knows also that he will not be discharged until he is judged to be ready for civilian life. For the time being, he is secure. As a result, his adjustment to disablement may be relatively rapid and entirely satisfactory in the hospital; but it may not carry over into civilian life.

Although military separation procedures include an attempt to make the disabled man aware of the difference in adjustment required in civilian life, he is scarcely prepared for the reality of it. When he leaves the hospital and is discharged from service, he must make a second major adjustment. It is a com-

plex adjustment, because now he is on his own and has not only himself and his disablement to consider, but he must adjust all at once to home, family, friends, employment, and the community. The anticipated civilian world he once knew is found to be different from what he remembered. His continuity with the life and events in the family and the community has been disrupted. He has been only remotely concerned with the major events of civilian affairs during the entire period of his military service, because he has been living in a different world. Little wonder that he feels somewhat bewildered and that feelings of insecurity and anxiety may develop. This sense of inadequacy may be augmented by a reawakened fear that disablement will permanently disqualify him for the competitive existence of a civilian.

Adjustment to family

As soon as a man is disabled he begins to dream of home, and waits impatiently for his discharge. No matter how well prepared his family may be to receive him or how well it carries through its role in helping the reintegration process, it cannot bring about a satisfactory adjustment of its veteran unless he himself actively participates in effecting his own personal adjustment. Reintegration into the family would seem to be the easiest adjustment a returned soldier would have to make, and perhaps this will usually be true. However, we are already seeing some inadequate and undesirable adjustments. In some cases the return to the family has resulted in a retrogression from the maturity achieved in military life. The warm, safe, protective attitudes of the family permit the man who has lived a dangerous, marginal, independent life suddenly to lose initiative. He is willing to allow his family

to think for him and to make his decisions. He does not assume the personal responsibility and self-determination required of the adult. Habits of thinking and attitudes are established which delay the reintegration process and which may result in permanent dissatisfactions on the part of the family and the veteran.

Often a family regards its serviceman as a returned hero. Even though he may wear medals and carry citations for bravery, the veteran probably does not consider himself a hero. He does not want or even understand the deference paid him. He becomes repressed and frustrated in his attempt to make his family realize the discrepancy between his image of himself and their opinion of him. He is embarrassed, and takes the only way he knows to handle the problem. He rejects the family and their interest in him. He becomes aloof, refuses to talk of his war experiences, and will not accept the kindnesses the family try to show him. Feelings of guilt over his attitude toward the family arise, and he becomes moody and irritable. Unless he can bring himself to look with tolerance on his family and allow them some share in his past military experiences through their pride in him, he may never be able to reconcile himself with the family group again.

The veteran may feel that he has grown away from his family. Often parents fail to recognize or appreciate the fact that the returned military man has had special experiences and is now an adult in his own right. Although he may be only twenty years old by the calendar, he may have gone through two years of war and many major campaigns. In addition, he may have had to face the fact that through injury or disease he will never be fully able again. These are special conditioning proc-

esses, and they accelerate maturity. If the veteran is to understand the attitudes of his family, he must realize the discrepancy between his experience and the calendar years by which his family know him. He must be patient.

Adjustment to community and employment

The adjustment to be made to civilian status in the community may be a difficult one, also. Many a returned soldier finds the home town a dull and uninteresting place. He does not realize that the difficulty is not in the community but in himself. He translates his feelings of restlessness, homesickness for the comradeship of his buddies, and desire for adventure into dissatisfactions with the simple culture of his community. He cannot understand how in the past he found life in such a place interesting and satisfying.

The veteran has the task of objectifying his feelings and of realizing that he must develop a new set of interests before he can find the old satisfaction. This is particularly true for the disabled man who may not be able to take the same part in community life that he did previous to his disablement. Interest in community problems, personalities, politics, church, and recreations will gradually return, provided the veteran will be patient and will give himself an opportunity to participate in local affairs. He must not be intolerant of the attempts made by the community to help him make these adjustments. He should not assume that he is considered a "case" just because there is a conscious effort made to assist his reintegration into community life and problems.

Sooner or later the veteran must seek a job or return to school for further education or retraining. Some men develop an attitude that they have "done

enough" and that they should not be expected to work. Perhaps they have "done enough," but happiness and complete reintegration into a civilian capacity cannot be achieved unless the man allows himself to return to the normal, accepted pattern of civilian life. Among other things, this pattern requires that a man have a job and be self-supporting if he is to maintain his own self-respect and gain that of others. The disabled man who returns to school in preparation for an adequate vocational adjustment has taken a long stride in the solution of his problem as a disabled person. He has faced in a realistic way that as a disabled man he must do all he can to prepare himself to lead a normal, happy, successful life. He has learned how to manage his mind and has taken another constructive step in the process of reintegration.

IMPLICATIONS FOR EDUCATIONAL AGENCIES

The final section of the volume deals with the schools and with the training of occupational rehabilitation counselors. The schools, like other agencies, have special responsibilities to the disabled veteran; they must provide educational and vocational preparation for all veterans and must train thousands of specialized technicians needed for the care of the disabled.

Training of veterans

Disabled veterans are returning to the schools in sufficient number to give some indication of the nature of their needs and of the situations they will create. It is fully apparent that they wish to effect a quick transition from military to civilian jobs. The schools and school men in the armed forces accomplished the impossible in providing training for war industry and for war service. The procedure must now be reversed.

The disabled require special attention, for the training must be given with careful reference to the nature of the disabilities. This group of veterans must be helped to capitalize on the faculties remaining to them. Objectives must be co-ordinated with knowledge of the jobs available and must recognize that for the disabled worker transition from one job to another is not likely to be easy. Consideration should be given to the development of special training programs at trade school and college levels for those with specific types of disabilities, such as the blind, the deaf, the amputees, those with heart afflictions, and those with chronic disease.

Acceleration of individual programs may take several forms. Continuation of the extended school year is clearly indicated, with provision for entering at frequent intervals. Intermediate schools (between high school and college) may be established to enable the veteran to proceed with vocational training or college preparation at his own speed. The veteran who can proceed directly to college without having completed high school should not have to lose college credit in order to obtain a secondary school diploma. Psychological examinations can be used to test the readiness for education at specific levels and to determine vocational objectives. Credit may be given for military training and experience that contribute to the educational objective. Educational progress should be measured on the basis of achievement rather than by the accumulation of credit. Review courses are needed for those who have been out of school for long periods.

The regular college enrollment with that of the veterans added will produce a school and college population unprecedented in size. All educational agencies may well consider the need to operate their plants on a year-round basis,

staggering the periods of attendance of individual students. Temporary and costly expansion of physical facilities thus may be avoided.

The colleges are correct in resisting pressure to streamline liberal education. They must, however, decide what is meant by it and demonstrate its usefulness to the veteran. The veteran insists upon having a clearly defined vocational objective. Liberal arts colleges may well be forced into further combinations of cultural curricula with vocationally oriented programs.

There is implied, of course, the installation of more thoroughgoing counseling facilities than almost any school has yet developed. Helping an individual, and especially a disabled one, to make a vocational choice is fully as difficult as making a medical diagnosis, and should be undertaken only by those who possess unusual skill and preparation. It is necessary to guard carefully against a general tendency toward occupational upgrading.

Likewise, educational systems and colleges must be prepared to deal with the emotionally unstable. Psychiatric service is necessary in order to determine when the individual is ready for the special requirements imposed by academic work and to help those who have a period of difficulty in adjustment.

Training of workers

Another task before education lies in the need to prepare thousands of technically and professionally trained workers in a score of fields to provide specialized care and treatment for the disabled. Although such programs are underway, there is a notable tendency to postpone this development until the war is over and the teaching staffs return, or because of the feeling that the time is too short to complete the preparation of

new workers. It is true that the time is short, but the importance of getting underway is therefore the greater. Likewise, it must be remembered that most of the disabled will remain so, and that disabilities such as heart, respiratory, and nervous conditions will appear later in veterans who are discharged in sound shape.

It is estimated in this volume that 10,000 psychiatrists and thousands of psychiatric social workers are needed for the country at large. Industry, educational institutions, community counseling centers, and the armed forces could use today 20,000 persons trained in clinical psychology and vocational counseling. Injuries and combat strain leave many soldiers with serious speech defects. One hospital unit with twenty such patients employs three full-time speech workers. Eventually, hundreds will be needed. These are a few of the numerous occupations in which trained workers are needed.² Most of the training required is at the college level. The present needs are critical and constitute, therefore, a serious challenge to the institutions of higher education.

* * *

The present volume has been prepared by individuals fully acquainted with the problems discussed. With not more than one or two exceptions, every author is directly concerned in one way or another with some phase of rehabilitation. Several are officials of Federal and state agencies.³ It would be difficult to find a group better prepared for

² See Morse A. Cartwright, *Marching Home*, New York: Teachers College, 1944.

³ The opinions and the assertions contained in the articles prepared by military personnel are the private ones of the writers and are not to be construed as official or reflecting the views of the military departments or the military services at large.

the tasks they undertook. Taking the time to prepare these articles represented a personal sacrifice in every instance. The editors, the readers, the veterans, and the public are greatly indebted to them.

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The Physically Disabled

By TECHNICAL INFORMATION DIVISION
OFFICE OF THE SURGEON GENERAL, U. S. ARMY

THE physically disabled veterans represent one of the most serious problems confronting the Nation today.

With some eleven million men in the armed forces there is not a community in the country and scarcely a family that is not directly concerned with the welfare of our military personnel. Unfortunately there are thousands of these men who now come under the classification of the physically disabled. Thirty thousand wounded and sick soldiers were returned to this country in December alone, and at the rate the casualty lists have been mounting we must expect continued evacuation of thousands each month.

These men represented the best the country had to give in defense of our rights against ruthless foes. Now that they are incapacitated, it is our duty to do everything possible to restore them to the best possible mental and physical condition and to return them either to duty or to civilian life as useful, self-respecting members of society.

The Army Medical Department is doing everything in its power to keep our military personnel in fighting trim and also to care for them after they are incapacitated. The health of our Army today is better than that of any other army at any time in history. Of the wounded who reach our hospitals at the front, less than 4 per cent die. In the last war 8 per cent died. That difference means that already more than sixty thousand men have returned from this war who would have died but for the advances in military medicine since World War I. Their lives are being saved because we have more good surgeons than we had in the last war,

working at the front where they can operate immediately. We have penicillin and the sulfa drugs. We have blood plasma. And we are flying whole blood across the seas so that it is readily available for immediate infusions near the front.

The advances in our military medicine naturally are helping to swell the ranks of disabled veterans; for those sixty thousand men whose lives have already been saved by modern science and front-line surgery represent some of the most desperately wounded of all, and while many of them will recover completely, it is fair to assume that most will bear some disability for the rest of their lives.

NUMBER AND TYPES OF DISABILITIES

At the time this is being written it is impossible to predict how many disabled and handicapped veterans this war will produce. No one knows, for one thing, exactly how long the war will last. But we have accumulated sufficient information to predict that the reintegration of the disabled veteran will present a widespread problem of considerable magnitude. As early as June 1944 there were 208,519 veterans of this war drawing disability pensions. Of this number about 7 per cent were totally disabled. And that was before D-day in Normandy. During the last six months of this period the average number of battle casualties arriving for hospitalization in this country was 8,500 a month. By January 1945 there were from 30,000 to 32,000 casualties being hospitalized here monthly. Obviously, as the war progresses and the fighting

grows in intensity the numbers of disabled will mount.

We can state with some assurance, too, what the nature of the problem will be. We already know the various types of disabilities resulting from this war and we can predict with fair accuracy the relation of each to the problem as a whole. We know, for instance, that wounds will account for our largest group of disabled. According to present statistics about 70 per cent of these battle casualties involve damage to legs or arms, and about 15 per cent involve damage to major nerves. Certain disabling diseases, such as tuberculosis, arthritis, rheumatic fever, and possibly liver disease, will account for another large group. Combat conditions give rise to peptic ulcers and to trench foot, but these will be less of a civilian than a military problem. About one soldier in every thousand casualties has his hearing affected. And not even one soldier in every thousand casualties returns home blind.

Before preparations and plans can be made for reintegrating these handicapped veterans into civilian life, the nature of their problem must be fully understood. Something should be known of the nature of the injury or disease, how it has been treated, and what residual disability it leaves. The following types of cases will probably produce the numerically largest groups of disabled veterans or the most specialized problems of reorientation. Predictions concerning the number of disabled veterans per thousand hospitalized soldiers are based on the percentage of disability pensions awarded by the Veterans Administration prior to July 1944 and the number of patients admitted to Army hospitals for all causes (including such minor ailments as colds) during the last quarter of 1944.

ORTHOPEDIC CASES

About 70 per cent of the wounded who are hospitalized are orthopedic cases or have combined orthopedic and neurosurgical injuries.

Veterans crippled through injury to bones and joints, and those who have suffered amputations, are included in the orthopedic group. Many have been snatched from death who would have perished under World War I conditions. We have a marvelously efficient chain of evacuation which affords medical attention all the way and ends in one of the specialized treatment centers back home in the States where the wounded receive definitive treatment by specialists.

At the same time, disabling effects are being minimized. Amputations have been as conservative as possible, and it is felt that limbs which might have been lost in World War I have been saved in this war. Utmost attention is being paid to skin traction, daily bandaging, and physical therapy, all of which results in a better-shaped, better-conditioned stump and a better-fitting artificial limb.

Between January 1943 and October 1944 there were 3,463 men admitted to Army hospitals here who were single amputation cases, that is, men who lost either an arm or a leg. There were 208 double amputation cases. There were not and never have been any "basket cases," meaning men who lost both arms and legs as a result of war injuries.

Unfortunately, when the words "disabled veteran" are mentioned, the picture that springs to mind for many people is a soldier standing on one leg and leaning on crutches, or dangling an empty sleeve. This is, of course, a wrong impression.

In the first place, when the amputation patient is discharged from a mili-

tary hospital, there is no slack trouser leg, no dangling sleeve. He has been fitted with a prosthesis—an artificial leg or an arm with a hand and interchangeable mechanical hook—by expert limb fitters in the hospital's own artificial limb shop. What is equally important, he has received expert instruction and training in its use in the physical therapy and occupational therapy departments. Furthermore, he is a physically fit individual, toughened by exercise. Reconditioning, which is taken up in more detail in another article, has made him rugged in other ways, too. He has not been permitted to forget that he is a fighting man—a man of discipline and courage. He is far from being a crippled beggar looking for a handout or a "cushy" job. But he has been through a lot, and it takes a long time to overcome the handicaps resulting from such a major loss.

When this man returns to his home community, he needs, above all, to be treated as a normal human being. Oversolicitude will undermine his hard-won independence. On the other hand, he will need patient understanding and encouragement to help him to adjust to his handicap and to civilian life. Learning to walk well with an artificial leg or acquiring dexterity with an artificial hand is not easy, and may require months of persistent application.

This veteran will be employable. Perhaps he will be able to do the same work he did before entering the service. Otherwise he will require vocational retraining, and will receive it under the direction of the Veterans Administration. Sometimes a simple adjustment in working conditions or equipment will enable a man using a prosthesis to continue his former work, or to compete with others on equal terms in a new field. This is true also in the case of other orthopedic handicapped.

NEUROSURGICAL CASES

Neurosurgical cases are the wounded whose nerves have been literally shattered—severed by flying shell fragments, crushed by exploding hand grenades or booby traps, or otherwise severely damaged. This group includes the paralytics, ranging from those with slight paralysis to bedridden, totally paralyzed cases, those with neurological speech defects, and a small group of epileptics.

The nature of combat is such that nerve and head injuries account for from 10 to 12 per cent of the wounded hospitalized. Fortunately the greatest advance in surgery has been in this field. Not only have we more good surgeons than in the last war, but they have a greater understanding of the factors involved in the techniques of nerve repair.

To begin with, these patients are rushed back to the States as quickly as possible and hospitalized at one of the military neurological centers which are staffed by our greatest neurological specialists. We realize today that early nerve suture is very important, and it is possible to perform this operation much earlier than formerly. Modern reparative surgery, penicillin, and the availability of whole blood for transfusion combine to permit earlier closing of the wound so that the nerve can be sutured within a matter of days instead of months.

In addition, we have a wonderful metal, tantalum, which is nonirritating to the human body and noncorrosive. We use tantalum wire to sew the nerve, tantalum foil to sheathe the suture line, and tantalum plates to restore the skull and protect the brain. In the by-products of plasma we have discovered fibrin foam which we use to stop bleeding in neurosurgery and fibrin film

which we use to replace the torn protective tissue of the brain.

The importance and the technique of aftercare are better understood, too. Nerve patients today receive physical therapy to help restore function, and are not discharged until it is certain that the nerve is growing satisfactorily. This generally takes at least a year.

All these advances in neurosurgery tend to decrease the number of veterans who will be disabled because of nerve injuries and to minimize the handicaps of those who are disabled. Nevertheless, about 35 per cent of our neurosurgical cases will have some permanent disability. Sometimes head wounds will result in loss of speech. About 10 per cent of these can be retrained and will be employable. And there will be a percentage of head wounds which give rise to epilepsy. Retraining cannot help these veterans, but they are employable.

About 95 per cent of the veterans who suffer spinal cord injuries are disabled. Of these, about a third will be completely paralyzed and will be unemployable during their brief life span (few survive complete paralysis more than a year). The other two-thirds will suffer varying degrees of partial paralysis. They will be able to do some type of work after receiving whatever retraining is necessary. This includes reorientation, which is always necessary in the case of individuals who suddenly find themselves handicapped. It includes physical retraining to make the most of existing physical capacities, as well as to restore lost function as much as possible, and it includes vocational retraining if necessary, depending on the type of work engaged in before injury, and the extent of the handicap.

TUBERCULOSIS

Tuberculosis was the chief physical disability leading to discharge from the

Army in World War I. It is tenth in the list of causes in this war, and the admission rate in Army hospitals is only one-tenth of that in World War I. This reduction is largely due to the X-ray screening process used at induction centers, but it is also partly due to the lowered civilian rate.

Since the beginning of mobilization, some 150,000 tuberculous cases have been rejected for service by means of X-ray examinations. Prior to April 1942, however, because of equipment difficulties, nearly a million men were inducted without an X-ray examination. This, to a large degree, accounts for the fact that approximately 10,500 men were discharged from the Army because of tuberculosis between December 1941 and December 1944. It has been estimated that about one out of every thousand soldiers hospitalized will be discharged for tuberculosis and about half of those disabled will be 50 per cent or more incapacitated.

Our experience has shown that the rate of discharge for tuberculosis is low for young men. The rate for men over 40 is eight times as high as for those under 20 years of age. Records also show that the rate for our soldiers overseas is lower than in this country—largely because the men were again screened before leaving for a combat theater. Preventive measures also help to keep the overseas rate low. When it is evident that soldiers have been exposed to the disease, X-ray screening is again resorted to in order to catch any cases in their incipient stage; and in certain places overseas where there is a relatively high incidence of bovine tuberculosis, rigid regulations regarding milk for troop consumption are followed as a precaution against infection.

By far the majority of tuberculosis cases in the Army—over 90 per cent—are pulmonary. There have been ad-

vances in the surgical management of this disease, but the treatment remains largely one of rest and indoctrination in the need for continued care and periodic observation. Patients are hospitalized by the armed forces only until they can be safely discharged to a veterans' hospital and have been thoroughly indoctrinated. They are not discharged from service directly back into civilian life unless the disease has been arrested and no further medical care is needed other than an occasional checkup.

About half of the veterans who suffer from tuberculosis will be so seriously afflicted that they will not be able to return to the work-a-day world for many years, and a significant proportion will live not more than five to ten years. The remaining half of the veteran group who have had tuberculosis will be able to return to work—and to the same work they did before entering the service, unless it was very strenuous or very dusty work. A minimum of two years' recuperation is the rule, however, and, to help them "come back," part-time work is suggested. The "sheltered workshop" with supervised rest and medical care is one solution to this problem. Social service, which relieves the veteran of family worries, is important throughout this period, too.

An interesting experiment along these lines has been conducted by Altro Workshops. A report on the experience of this urban sheltered workshop from 1915 to 1939 (published by the National Tuberculosis Association) shows how the gap between sanatorium and work-a-day world has been bridged successfully by medically supervised work.

RESPIRATORY DISEASES

About eight out of every thousand soldiers hospitalized will be discharged for respiratory diseases, not including tuberculosis, and about 3 per cent of

these will suffer an impairment of 50 per cent or more.

The group will include those suffering from sinusitis—a painful condition of the sinuses which gives rise to severe headaches. The group also includes sufferers from bronchiectasis—an inflammatory condition of the bronchial tubes which usually results from infection in childhood—and it includes cases of chronic bronchitis which were not evident at the time of induction. These respiratory diseases are prevalent but not considered greatly disabling among civilians. A favorable climate is advised.

Out of every thousand soldiers hospitalized, asthma will account for about two who receive a disability discharge, and about 1 per cent of these will be 50 per cent or more disabled. Some of these will suffer from asthma with bronchial manifestations. These are usually older men who have had previous attacks in civilian life. The other and larger group will develop in the tropics as the result of allergies. Allergic asthma is a greater military problem than a civilian one, for most of these veterans will be able to live comfortably in whatever locality they lived in before joining the service. They must take care in selecting an occupation, however, to avoid working around substances to which they are allergic.

ARTHRITIS

It has been estimated that about one out of every thousand hospitalized soldiers will be discharged "disabled" by arthritis, and 2 per cent of this group will suffer a 50 per cent or more impairment.

"Arthritis" covers several types of disabilities. A large group of those discharged as arthritis sufferers are actually suffering from a neurotic manifestation, which may or may not persist in civilian life. Another ar-

thritis group is composed of sufferers from some obscure inflammatory disease, and these represent more of a military problem, as they will be less inconvenienced in civilian life. The type of arthritis suffered by athletes—as a result of an injury—is also more of a military than a civilian problem.

Probably less than a fifth of this group suffer from rheumatoid arthritis. Veterans discharged with this form of arthritis have a very painful handicap. The crippling effects are well known in civilian life. Because of the pain, it is the exceptional person who keeps going.

There is no specific cure, but a great deal is being done to prevent deformities through proper treatment before the men are discharged. It is largely pain that brings about the deformities of the sufferers, through habitually twisted positions. This pain can be alleviated by physiotherapy—by heat, massage, therapeutic baths, and exercises. Joint deformities and muscle atrophy can be prevented by physiotherapy and muscle training. In military hospitals, with this care, the affected joints consolidate in the best position.

Most veterans with rheumatoid arthritis will probably prefer to live in warm climates, since warmth increases their comfort. It is a painful disability, however, and it takes fortitude to perform work which involves painful movement. This group will therefore present a special vocational problem.

RHEUMATIC FEVER

More is being heard about rheumatic fever since the war than in peacetime; not that the war has produced such a great increase in rheumatic fever cases, but today this disease is recognized more frequently. While its recognition adds to the number of cases on record, the fact that it is being diagnosed in its early stages means that fewer veterans

will be discharged disabled by resultant heart disease. The sulfonamide drugs which are being used on a large scale to prevent streptococcal infections also probably help to lower its incidence.

It has been estimated that about one soldier in every thousand hospitalized will have rheumatic fever. Of these, about 20 per cent will be discharged "disabled," and 10 per cent of these will be 50 per cent or more incapacitated.

Susceptibility to the disease is apparently induced by streptococcal infections and sudden daily temperature changes, from hot days to cold nights. Most of our overseas cases up to January 1945 came from the Italian theater, which includes North Africa. Before D-day there was more rheumatic fever among troops in this country than in the European theater—probably because the troops here were still unseasoned.

About six thousand soldiers were hospitalized with rheumatic fever during 1944. About a third of these had suffered attacks before induction, which means that they have increased susceptibility to heart disease. A large proportion of those discharged showed signs of heart disease.

Although most of these cases are able to undertake unrestricted activity at the time they are discharged, a vocation that is not physically demanding is advised, as they will suffer their greatest handicap from ten to twenty years after their discharge.

Treatment of the disease is largely one of rest in a favorable climate. Those who do not develop heart disease are put on a program of increased exertion before their discharge to restore confidence in themselves after the regime of complete rest. These men will not be disabled civilians, although they present a military problem.

Those who have had rheumatic fever

have increased susceptibility to the disease. It is therefore advisable for them to live in a warm, moist climate such as is found in the Deep South. Rural life is also more advisable than living in crowded cities, where there is greater danger of contact with streptococcus infection which may precipitate a second attack. Repeated attacks of rheumatic fever tend to result in heart disease, and a very minor percentage of these who suffered only one attack may develop heart disease later.

CARDIOVASCULAR CASES

About one in every thousand soldiers hospitalized will be discharged for a cardiovascular condition. This will include such circulatory disturbances as high blood pressure, which will be a handicap in seeking industrial employment, but the majority in this group will be the heart cases.

Of the veterans discharged for heart trouble, many suffer from manifestations of a neurosis which may or may not prevail in civilian life. Others have hearts which are unequal to the severe physical strains of military life but which are adequate for the demands of a normal civilian life.

The serious heart cases are those with coronary thrombosis. These are mostly older men, although this condition also develops among some of the younger soldiers. All veterans suffering from coronary thrombosis are indoctrinated before leaving the Army, with the necessity for restricting their physical activity. A few will be unequal to any physical activity.

PEPTIC ULCERS

About two out of every thousand soldiers hospitalized will be discharged with peptic ulcer. Combat conditions of limited diet, irregular eating, and long period of nervous tension are conducive to peptic ulcers among certain

high-strung types of individuals, and this group presents a major military problem. However, since the majority of peptic ulcer sufferers recover sufficiently to carry on their work most of the time, veterans discharged for this reason will be less of a civilian problem.

The main advance in treatment is the amplification of the sufferer's diet (which used to be confined to milk and eggs) so that better nourishment results. A vocation which does not call for strenuous labor and which is free from nervous tension will facilitate recovery.

TRENCH FOOT

Trench foot is one of the most dreaded cripplers of men in wartime. It results from prolonged exposure of the feet to cold and dampness, and usually strikes when men have stood or crouched for long hours with little chance of moving in cold, wet trenches and foxholes. It is hastened by failure, or lack of opportunity, to change wet socks and shoes. Victims may suffer any degree of damage from slight stiffness of the feet to gangrene. In rare cases, amputation is necessary.

Through December 1944 approximately 33,000 cases of trench foot were reported in the Army. About 3 per cent of those hospitalized in this country were permanently crippled. An intensive preventive campaign has been undertaken by the Army through which it is hoped to reduce the incidence of this affliction. This includes educating the individual soldier in preventive measures and impressing him with the importance of carrying these out; making enforcement a responsibility of the officers; familiarizing all medical officers with the problems and methods of treating the condition before it becomes incapacitating; and keeping the troops supplied with protective footgear. The length of the war and the

severity of the climatic conditions under which it is fought will largely determine the extent of trench foot as a military problem, for as long as men fight with their feet in water or mud, trench foot will occur.

Veterans who have been permanently crippled by trench foot will, of course, be confined to sedentary vocations. Many other veterans who have suffered from this affliction, although not crippled, will be bothered by climatic changes and will therefore prefer to live in a mild climate and do work which does not involve much walking.

THE DEAFENED

There were about four thousand soldiers who were totally or partially deaf, hospitalized during 1944. It is estimated that out of every thousand soldiers hospitalized, about one will have impaired hearing, 35 per cent of these will be sufficiently disabled to be discharged, and of these, 2 per cent will be 50 per cent or more disabled.

Methods of testing hearing now in use by the Army are considerably more advanced than in the early days of induction, when only those who were noticeably "hard of hearing" were screened out. In fact, about 60 per cent of the cases treated before D-day in France had defective hearing prior to entering the service.

During the last quarter of 1944 it was estimated that there was one totally deafened casualty in every four thousand casualties of all types. And for every case where hearing is impaired to the point of deafness, there are about five whose hearing is impaired in some degree, and others who have suffered some damage to the mechanism of hearing that may make them cases for rehabilitation in the future. It is safe to predict, therefore, that the numbers of deafened will increase during the next decade or two.

Out of 1,648 cases who were studied last year, approximately 38 per cent came from overseas assignments and slightly less than 14 per cent were battle casualties. Sixty-three per cent had hearing loss of varying degree before entering the service and 37 per cent developed hearing trouble as a result of service. About 10 per cent of those whose affliction had existed prior to induction were labeled "aggravated by service."

The psychological changes that occur in the deafened and hard of hearing are profound. The military medical program, therefore, includes reorientation and social and prevocational rehabilitation.

Within forty-eight hours after arriving at a center for treatment of the deaf, the patient's hearing is tested with the most modern electroacoustical equipment using pure tones. If it is determined that he can be helped by a hearing aid, measures are promptly instituted for the fitting of this aid. All combinations of the various hearing aids are tested until the one best suited to the individual is determined upon. The patient is then supplied with the identical aid used in the tests, not a duplicate model, and he is instructed in its use.

There is individual and class instruction in lip reading and speech correction—the latter both to correct faulty speech and to forestall speech deterioration. (At one hospital more than 35 per cent needed remedial speech training.)

Almost without exception, when the soldier with seriously impaired hearing leaves the hospital he can hear, either with his eyes or with the help of a hearing aid. More than half of those with hearing impairments who are rehabilitated in military hospitals are returning to duty. Others continue on

to the Veterans Administration for vocational training or further education.

THE BLIND

Booby traps and land mines, high explosives, and gunshot and dynamite wounds are all taking their toll of eyesight in this war. Good work is being done by military surgeons in saving the sight of injured eyes and preventing sympathetic ophthalmia—a disease which brings about loss of the second eye after severe injury to the first. The sulfa drugs and penicillin, too, are helping to save sight by combating infections. Otherwise, there might be a larger group of totally blind veterans after the war.

It is fortunate that this group does not constitute a numerically greater veteran problem. But however small as a group it may be, the blind veteran presents the most difficult of all reorientation problems. A veteran may have such seriously impaired sight that he can only distinguish the difference between light and dark, but he does not have to undergo the complete readjustment of the totally blind. Blind veterans are probably the most completely isolated from the world around them, both psychologically and physically. Realizing this, our military medical treatment is extended to include special reorientation and social and prevocational rehabilitation to help bridge the gap between isolated darkness and the outside world.

The first step in reorientation is to give the men confidence in their ability to care for their personal needs. They are familiarized with the hospital grounds through a model. They are taught certain "tricks of the trade" which enable them to walk around by themselves, unaided, using raised ledges and certain landmarks that can be "felt" as guides. They are trained to detect obstacles by means of sound.

There are aptitude tests to determine what line of endeavor each individual is suited for, and there is prevocational training. The courses offered are of sufficient variety to interest every type of personality.

Before the blind soldier leaves the convalescent center, all possible data are assembled concerning his social, educational, and vocational background, as well as his aptitudes. These data help to determine the type of vocational training he will receive under the direction of the Veterans Administration to which he is discharged.

It is too soon to foretell the final outcome of this extensive program for blind veterans, but this much is already obvious: more than any other type of physically disabled, these men will need professional guidance after they have returned to their communities.

SPECIAL PROBLEMS

Many veterans will be handicapped by a combination of the foregoing disabilities, as, for instance, one who has lost an arm and is also deaf. These will present special problems of reintegration. So, too, will those whose physical disability presents a social or emotional handicap, as, for example, the veteran suffering from a skin infection.

It is noteworthy that venereal diseases have not been included in the list of disabilities. The reason is that penicillin and the sulfa drugs are effecting cures which, coupled with demobilization screening and the close co-operation of the United States Public Health Service, will, it is hoped, eliminate venereal diseases as a veteran problem.

Before discharging a disabled soldier from service, the military medical program starts him on the road back to responsible civilian citizenship. Whether

he persists in this direction will depend both on his character and on his contacts along the way. It will depend on whether his family and friends welcome him home as a normal individual, as an invalid, or as a curiosity. It will de-

pend on the awareness and co-operation of the organizations which offer him guidance. And it will depend on industry's offering him not a handout, but work suited to his mental capabilities and his physical capacity.

The Mentally or Emotionally Handicapped Veteran

By WILLIAM C. MENNINGER

THE war has brought to the attention of many Americans that the casualties of battle are not only those who have been physically wounded by shot or shell. In addition, there are those who are injured in mind or emotions. It is also being discovered by friends and relatives that these types of injury are often incurred far from combat, but those involved are nonetheless deserving and in need of treatment and understanding.

Before these two facts can be accepted by the civilians to whom our soldiers are returning, or will return, the civilians must also learn that each human person has a limit to his endurance. He can hike and fight so much, he can learn so much, he can accept and adjust to so much. This "so much" can be increased by training and experience; it can be greatly increased by good leadership; and it can also be increased by strong determination and enthusiasm. But still there continues to be a point beyond which each person cannot extend his capacity—physically and mentally and emotionally.

THE THRESHOLD OF ADJUSTMENT

That threshold varies widely in different individuals and it also varies in the same individual under different circumstances. Some people give evidence of incompetence under the slightest provocation; they become flustered or impatient or excited. Other, more stoical souls seem to remain unruffled under the greatest pressure. Most individuals have certain specific difficulties which they meet less capably, such as public speaking, examinations, pressure of time. Everyone can function best under optimal conditions, whereas un-

der unfavorable circumstances even minor disappointment or frustration may cause undue emotional stress to anyone. We must assume that much of the soldier's life is lived (for the majority) under somewhat unpleasant circumstances; some of it—combat—under extremely adverse conditions. It is not surprising, therefore, in our large Army, to find some men with limited adjustment capacity who decompensate even under training conditions; others can tolerate varying degrees of combat; potentially, all may cross their threshold if subjected to severe stress for a sufficiently long period. In order that we may be better able to help this group back to constructive civilian life, we must accept these basic facts regarding adjustment capacity.

Such disability may develop in a training camp. Our American way of life has bred a nation of those who have learned to live on the basis of and strive for an individualistic pattern of living. Therefore it is beyond the capacity of adjustment for some men to find themselves surrounded by other men twenty-four hours a day; or to be ordered to do things which seem unimportant because someone with stripes on his sleeve says they must be done; or to have to learn new information or skills in which they can make themselves feel no special interest or purpose. Without proper incentive and motivation, some men cannot and others will not adjust to Army service. Some of these men tacitly refuse to try; they offer passive resistance, and a few become disciplinary problems. Others develop frank psychoneurotic symptoms and their adjustment threshold is passed. Despite the most careful selection methods, there will be a certain number of men

who decompensate during or as a result of the stress in training.

But most of the men begin immediately to strengthen, to increase their adjustment capacity through the training period. Nonetheless individualistic, they accept the fact that we as a nation are threatened; to survive as individuals we must unite against a common enemy. They accept the fact that they must momentarily give up being individuals and become the Army, submitting to the direction of selected leaders. The soldier learns the meaning of a closely knit comradeship, developed on the basis of common experience in the present regardless of past differences and divergencies. To most of these men come the emotional satisfactions of a smooth-working team under respected leadership. The group, not the individual, becomes the important unit.

While there is a progressively decreasing number of psychiatric failures as training and experience progress, there are some at each level; there are always new trials and disappointments, and continued regimentation and discipline. The American privilege to grumble has proved to be one of the most important escape valves in aiding our men to accept these demands, especially in submitting to authority. But in those cases where rebellion carries into refusal to obey orders instead of later grumbling about having to do it, we have a man whose threshold of adjustment to the situation has been crossed. If such behavior continues, he proves his inability to serve in our Army; for, after all, obedience to group and leadership demands is fundamental to the efficiency of our fighting forces.

TRAINING VERSUS COMBAT

A special aim in the training program of every soldier is his mental conditioning. Not only must he overcome the initial adjustment problems brought

about by the change from his home to the Army, but he must also learn to reverse certain of his lifelong ideals and principles. He must be taught to be a killer, and with it he must learn the art of self-preservation. When he has learned these new skills and made this change from civilian to soldier in his mental outlook, it is assumed that he is ready for combat.

No test in Army experience, however, can compare with combat in the severity of its demands for adjustment. Hardened veterans, not infrequently Regulars, when confronted with the danger, sounds, and sights of combat, along with the deprivation of the last vestige of comfort and security, may become psychiatric casualties. A varying percentage of our combat soldiers reach the limit of their endurance and must leave their foxholes, not for physical wounds but because of emotional decompensation. These are returned to medical aid and clearing stations near the front for rest, hot food, talking it out. Of this group, 50 per cent can return to combat because they have been reinforced and their endurance powers have been refreshed and extended. For a few of these, the extension is temporary and they may be back after the next combat experience. Others have been enabled to carry on until relieved from duty. P 86503

FACTORS INFLUENCING THE OUTLOOK

Inspired leadership in a unit is the most potent factor in maintaining a functioning, fighting unit. The recent battles of Europe have brought forth stories of many such instances. On the other hand, no matter how fine the leadership, how deep the attachment to the commanding officer, how great the confidence in his provision for their needs of food and shelter, if the strain continues long enough, the strongest personality may be unable to maintain

its integration without relief from tension. There are many like the exceptional soldier of the South Pacific who burst into tears and protests against further action after having been the hero of his unit through many trials.

Over and above the necessity for building a new method of living and thinking in the Army, there are complications involved in a soldier's physical withdrawal from previous obligations and relationships. Doubts and questions punctuate his thoughts when he has time to let them enter his consciousness, in those lulls in training, on shipboard, in staging areas, even in battle. Can my wife manage the house payments if she does not get a job? If she works, what will happen if the baby gets sick? Will 4-F John, who always wanted my job, manage to keep it after the war? Will Mother's worry about me never end? How can they run the farm now that Dad has been hurt? Could Jean find a doctor to deliver the baby? Will Ellen be content without dates, and if she dates, will someone else win her?

Many a soldier will weave a web of dreams about home and family and job that gives an aura to them which does not exist in reality. Even leave or furlough may send him back to duty sour, disillusioned, and unable to work, through the confusion of the relationships that he found. Inner turmoil cannot fail to affect unfavorably his job of soldiering. He may have assumed that the home situation would not change, but he sees that it has changed. He may be unable to see that the new demands of the times have necessitated changes in the conditions and relationships. He may resent the higher standard of living in contrast to his own Army pay, the bustle of "business as usual," the apparently gay parties. He may not know or appreciate that the better food and furniture

were bought for him; much of the "business as usual" was the shopping for his buddies and their families; the parties were to entertain him, and were made possible with ration points carefully saved for the occasion. So confusion may take over his emotions and conditions appear very unfair to him. His belief in his job is weakened by those who would most wish to strengthen it. Because he cannot be a part of the home life, he withdraws into his new life and either spins his dreams anew or alienates himself from his home relationships by a ruthless effort to reject home and family contacts. But this makes for conflict within himself that will render his adjustment in the armed forces difficult. In other words, these outside problems lower his threshold of resistance and he may succumb by breaking down emotionally and physically.

This same attitude may be expected in a certain number of our soldiers who have given one or several years to their country's service. The soldier returns feeling that he has made an unduly heavy sacrifice and is due compensation and homage. No matter how much of these are supplied, they will be insufficient. He may have been discharged with a good bill of health, but we must recognize that he is maladjusted and definitely disabled through changes in his personality. Depending on the circumstances, it is probable that in most cases these changes will right themselves; but in the meantime, his threshold has been crossed. His experience has blunted or diminished his adjustment capacity.

Age makes a difference in all these situations. The older man may be less elastic in his response, more lost without the interdependence of married life. Yet his greater understanding and experience in human relationships and appreciation of what American life really

is may extend his endurance. The younger man, on the other hand, has a greater adjustability to new routines and learning, is free of anchors to a different life, has a greater sense of adventure to sustain him. Yet these same factors may aggravate the problems in his return to civil life.

These remarks might imply that every man serving in the military would sooner or later become mentally or emotionally disabled. Such will certainly not be the case; a minority will be affected. It is the writer's intention to point out that any soldier, rather than every soldier, may find himself in such a stressful set of circumstances that, great though his endurance may be, it may not be great enough. There are those who have indicated that this is evidence of a decadent culture; consequently it may be profitable to review some factors in our way of life which contribute to the present situation.

FACTORS IN DISCHARGE RATE

It is correct that a high percentage of men examined at induction centers have been rejected as poor risks for a combat army. Unlike the selection methods of Canada and England, ours provide no opportunity to place those men who are unable to participate as combat soldiers. Therefore we must be repeatedly reminded that this rejection merely indicates that a man is not a good risk as a fighter, with no reflection on his value in many other positions.

Forty-eight per cent of the discharges for disability between January and June 1944 were on the basis of neuropsychiatric disorders. Why have so many been discharged for this reason? Because of the way human beings function, they often react to emotional problems with the development of physical symptoms. Very often the soldier does not even know what the trouble-making problem may be, because he has refused

to admit, even to himself, that a problem exists. Or he may not even recognize that there is a conflict; for most of us have not yet learned that our thoughts and emotions can produce such tension that our heads may actually ache or our backs pain. The chronic mistake-maker, the man who has some minor but persistent ailment which no medicine or treatment cures, the man who cannot sleep or the man who sleeps too much, the bed-wetting adult, the consistently absent-minded GI, the soldier whose temper tantrums keep the barracks in a turmoil—such evidence results in the Army's decision that these men are poor soldiers. For some, the regimented life of the GI is beyond their endurance; for others, the absence of incentive or motivation makes them inept and unadaptable.

Added together, the percentage of United States male citizens who are unable to serve their country in combat is quite startling at first glance. However, it becomes less so when we consider that our heritage has included certain conceptions:

1. We do not all have the same ability. There is no more reason for assuming that every man can be a good combatant than that every man can be a successful athlete. Consequently we must select those who can best do a good job as our country's protectors, and leave in or return to civilian life those who cannot so serve.

2. Each American has had the privilege of using his ability in whatever way he thinks will bring him the life he wishes. Only a small group had chosen military service as their mode of living, and consequently when the need arose, 11,000,000 men had to be found, evaluated, and trained into a citizen military organization. Leadership has to be discovered. But that is a combination of what a person inherits, his training, and his experience, and it is diffi-

cult to measure except when observed in action. Consequently the task of finding men who were available and capable of leading platoons, companies, and divisions in many different types of service has been tremendous. And this responsibility of the Army has also had the very great handicap of shortage of time. Yet a great advantage of our American system is that it has yielded many men who have had experience in club or group chairmanship, in athletic leadership, in social and community activities, in scholastic, business, and professional leadership, independently developed, on which the Army could build.

3. "We leave you alone, so you leave us alone." Since we could not accept the reality of Nazi-Nip threats, we did not prepare to defend ourselves until sorely pressed for time. Our faith in a hands-off policy was found, too late, to be deceptive. Yet even now there are many, many people on the home front who have forgotten that our possessions were invaded, and without our increased effort we might yet know the experience of many other countries. Their sad experience endowed their armies with a determination to end the tyranny and the tragedy, and endowed the home front with the will to an all-out support of those armies that they might all have a chance to survive.

4. We refuse to be forced to do things. The majority of our populace have felt no serious threat to our national life. The result has been a lack of will to fight against the aggressor. A consequence of this fact has been the feeling that our men are being forced into a new life by those whom we selected to direct our country's—therefore our own—destiny.

When all these factors have been pointed out, it is easier to understand why there are those who should never be accepted by the Army. There are others who cannot profit by training,

and still others who cannot tolerate it. Some can contribute in a limited degree, and some will fall by the wayside. Fortunately, most will contribute until the job is finished.

TYPES OF CLINICAL PICTURES

Among those who fall by the way-side—in training or in combat—the psychiatrist finds every type of clinical picture. A large percentage of the soldiers discharged from the Army for neuropsychiatric reasons have the condition called psychoneurosis. This comprises a group of illnesses resulting from emotional reactions in individuals who encounter difficulty in adjusting to their environment. There is nothing wrong with the minds of these individuals. In civilian life, 30 to 60 per cent of patients visiting the general practitioner have this condition. For the most part they are able to carry on with their social and business activities with no more handicap, for example, than the person with stomach colic or back strain. The condition becomes of more significance in the Army because of the greater stress and inflexibility of living and working conditions. The soldier cannot take things a little easier, take a vacation, or change jobs in order to adjust his activity to the limitations imposed by his condition, as a civilian can. That is why some soldiers have to be discharged from service even though they are able to get along quite well when they get home.

In the Army the psychoneuroses with anxiety reactions are common. By this condition we mean that the individuals are more tense, nervous, and anxious in a given situation than is the average person. They overreact to the difficulties facing them. They tend to worry excessively and may have insomnia, headaches, indigestion, or other bodily discomforts. Their feelings handicap them in the performance of their duties.

Emotional disturbances may express themselves predominantly in disturbance of a body function. The resulting dysfunction is referred to as a "psychosomatic disorder." The emotional background is recognized to some extent when people talk about "nervous indigestion" or "nervous exhaustion," or when they use expressions such as "he gives me a pain in the neck"; "the thought of it makes me sick at my stomach"; and "he was paralyzed with fright." In spite of recognizing the part their feelings play in such conditions, however, most people prefer to believe, and actually do believe, that the disease is in some organ, because they have the distress there, and also because they believe it is an expression of weakness in themselves if it is due to their emotions.

As in civilian life, those with psychosomatic reactions form a large part of the psychoneurosis group seen in the Army. Frequently the disorder expresses itself in stomach dysfunction, and the patient complains of indigestion, loss of appetite, nausea, vomiting, or abdominal pains. Less frequently observed are the psychoneuroses with hysterical paralysis or sensory disturbances or the obsessive-compulsive reactions with their repetitive thoughts or acts which the patient may realize are illogical but which he nevertheless is unable to control.

The psychoses are disorders characterized by abnormal activity and thinking, the individual being unaware of his abnormality. These disturbances in behavior and thought content are varied in nature and there are characteristic differences in the various types of psychoses that are recognized medically. In general, however, persons with these conditions are not responsible for their behavior and are popularly referred to as being "insane." Because of the unusual nature of the illness and the fact

that until recent years it was popularly considered the only type of illness with which psychiatrists were concerned, there still remains a very prevalent belief that any patient with an "NP" or psychiatric diagnosis has something wrong with his mind. In the Army, only 5 to 10 per cent of patients observed and treated by psychiatrists have psychosis. A realization of these facts by the public, we hope, will lead to a rapid disappearance of the misconception that a neuropsychiatric diagnosis means that there is something wrong with the mind.

Of the psychoses observed in the Army, there is fortunately a large percentage which are transient and of a less malignant nature. We have seen many patients with psychoses recover so that at the time of discharge they could be sent directly back to their families and very frequently could resume social and occupational activity.

THE MISFITS

In the Army as well as in civilian life, we encounter a group of persons who are social misfits to a greater or less degree. They are individuals who, as a result of abnormal psychological development in infancy, manifest actual or latent personality defects characterized by a lack of sense of responsibility, inability to learn from experience, shallow and labile emotional expression, and a self-centered attitude in their conduct and thinking. These cases of personality deficiency are technically referred to in the Army as "psychopathic personalities" or "constitutional psychopathic states." The two types observed most frequently are the emotionally unstable and the asocial-amoral. The former manifest inadequacy, seclusiveness, excessive transient emotional responses or eccentricities. The latter include criminals, pathological liars, nomads, malcontents, and re-

peated delinquents. In civilian life these individuals made borderline or inadequate adjustment. For the most part their deficiencies are even more apparent in the Army and they call for administrative, not medical, disposition.

Mental deficiency is an inherited deficiency in intellectual capacity. At the induction stations psychological tests are administered in order to eliminate those individuals who would be unable to grasp training requirements within a reasonable period of time. Their ability to make adequate social adjustment, the speed of the training program in which they are placed, and the availability to assignments within their capacity are considerations which demand special attention. If these requirements are all met, the individual will in general have about as good a chance of adjusting satisfactorily as the average soldier.

There are two groups of individuals whom psychiatrists have to evaluate that are not sick but are nonetheless noneffective in military service. For ease of description they might be called the "can'ts" and the "won'ts." The former are so inept and lacking in ability to adjust that in spite of special attempts to place and train them, they are unable to perform satisfactorily. The other group is composed primarily of individuals who are potentially capable of doing the job required of them, but whose attitude is one of unwillingness. They may believe that the war is worth fighting, but they have no conviction that they should be the ones to fight it. In both these groups of cases the psychiatrist is asked to give an opinion as to the cause for their ineffectiveness, but their ultimate disposition remains an administrative and not a medical problem.

For the most part the psychological disturbances developing in combat are fundamentally similar to those occurring in civilian life. The major differ-

ences that do exist result from tremendously greater stress and the nature of combat conditions. One of the most frequent states encountered is the result of prolonged fear produced by the constant threat to life from artillery shelling, bombing, and rifle fire. The manifestations of the anxiety states resulting from this include increased tension, restlessness, hypersensitivity to noise, irritability, and disturbance of sleep with frightening battle dreams. There are associated physical manifestations such as perspiration, tremors of the hands, easy fatigue, headaches, and indigestion.

This type of condition has been referred to by some as "combat fatigue" or "combat exhaustion." This has resulted because fatigue and exposure are factors predisposing to this condition. In addition, since the condition occurs in normal individuals as well as in those who have predisposing traits, it was felt that it might be different from psychoneurosis and should not have the popular stigma associated with the term. These criteria are not valid. The condition, in 97 per cent of cases, falls within the classic concept of a psychoneurosis response. Calling it by another name in no way changes the nature of the condition or the outlook for recovery.

READJUSTMENT IN CIVILIAN LIFE

Some men discharged for neuropsychiatric disabilities—the "unseen wounds"—will have special difficulties in readjusting to civilian life. Their relatives and friends may feel that they should be in the Army; even some of the men themselves may have a sense of guilt that they are not in, and feel unable to explain their civilian status. Psychiatry is a newer knowledge, and some of these men, their families, and past or potential employers will not realize that they are no less able as civilians

than before their Army experience. A scar or an amputation is an obvious reason for no longer serving; but a chronic gastric disturbance caused by fear reaction, or an inability to sleep because of reliving battle scenes, is not obvious. Because the cause and the treatment of psychoneurosis are not understood, the condition seems mysterious, to be apologized for. There is much preparation necessary to meet the needs and the care of these men, and it must be done immediately if we are to make it easier for the veterans who are already back home and for those who are to come.

The man himself

Before he leaves the service every veteran should have had explanation and advice from his Army psychiatrist, as well as guidance and suggestions from the many agencies within the hospital which are there to furnish him with counsel. After having received what treatment is possible in the Army, the soldier is discharged. The psychiatrist explains his condition to him, with a recommendation for further treatment if necessary; he may suggest an explanation to give to those who ask about the reason for discharge. The benefit of this will vary with the amount of time spent, the soldier's confidence in the psychiatrist, and, most important, the soldier's capacity to understand. If he so requests, the Red Cross will help to interpret his situation to his family. The Veterans Administration, as well as local health and welfare service workers, can help him to obtain necessary treatment. His former employer, his minister, or often a close friend may be able to give him counsel and advice. Then, after others have done what they can, he must take over and make the effort to find his direction toward a "normal" life and to understand and appreciate the problems of the home folks as they

try to understand his. Sometimes helping them may help him.

The family

First must come the realization on the part of the family that there is no reason to feel pity or shame for the soldier who is discharged for emotional or mental disability. If previous to his Army experience he had been able to keep a job and play his role in the family and the community, he will probably soon be able to resume the same way of life. It is to be expected that at first he may be restless, irritable, and unsettled. There is no reason to feel concern until he has had time to try various jobs and to feel at home again in a less directed life than he has known in the Army.

The family may need to support and encourage, but must not nag; it should aid in increasing the number of family-shared experiences; it should make the present rich with understanding and unquestioning companionship. If necessary, the family should seek help from any or all of the agencies designated to assist the veteran, including the Veterans Administration, the Red Cross, the Veterans Information Bureau, and others. If all these efforts fail, the veteran needs whatever assistance is necessary in seeking medical help, and specifically that of a psychiatrist.

The community

One of the lessons we should have learned from this tragic disbursement of life, materials, and money is the fact that a nation cannot live unto itself or disregard its members, nor can a community. The physical and mental health of our work depends on that of our communities, which depends on that of their individual members. Our armed forces have learned, and are trying to teach the home folks, how the attitudes of the latter, especially as expressed in their mail—i.e., their attitudes toward their

absent one, toward the war effort at home, toward the news from the front—affect our Army in action. At the same time, our psychiatric services are seeing the great toll taken from service by the neurotic symptoms and the distorted attitudes toward the job and the home front. Instead of devoting all their time to the cure of serious mental illness, our Army psychiatrists have been attempting to utilize techniques for the prevention of poor mental health, and provide early treatment for minor difficulties which might become major. Many intelligent laymen are becoming sufficiently informed to see the need for similar service for civilians. It will be up to each community to develop a mental health department in its public health program. Many Army misfits could have been prevented if there had been a greater use of psychiatric and mental hygiene services in the educational systems of the country. There is the challenge of the veteran's wife at home and his children in school whose problems are war-related and need community help in solution.

Just as our tuberculosis incidence was reduced by long years of public education, so can the frequency of psychoneurotic illness be affected by public education which can be planned and directed by the community agencies and the medical profession. One phase of such education might be concerned with the change-over of community agency responsibility from charitable welfare to service to all in the area who can profit from its workers' training and

experience—for fee as well as for free.

For whatever reason the soldier is discharged, the finding of a congenial job is one of the best means of insurance against an aggravation of whatever feeling of insecurity he may have. Many men will do their own job of choosing, but others will need the help of the home town in developing sufficient well-paying jobs to employ all available manpower, and then in helping each worker to find his "spot."

Communities which have been starved for men as leaders of youth and community activity should make a planned effort to induce the returning men to accept some such responsibility. The contacts with other men, women, and youth will help the veteran to feel at home and needed. They will enrich his experience in a creative way after his service in a more or less destructive role. Perhaps most important is the meaning to the younger generation whose idol he may become, who will need all the preparation we can give them for the responsibility for tomorrow. It was our churches, the Boy Scouts, the YMCA's, the KC's, and similar organizations, that gave many of our soldiers the faith and the skills and the experiences that made them successful in the Army. Their sons and daughters should have the same precious privilege and heritage as they enter the American scene. Consequently, guidance of our veterans into these activities will not only aid the veteran in re-establishing himself but also promote our character-building agencies.

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The Socially Maladjusted Veteran

By NORMAN CAMERON

THE veteran who is socially maladjusted needs and deserves the benefits of rehabilitation services fully as much as the man whose competence has been reduced by mutilation and disease. Unless this is recognized, and adequate treatment for him and his situation is made available, there is always grave danger that he will become a permanent social casualty. Recent Federal laws have at last faced the problem squarely by placing emotional difficulties in adjustment on a par with other handicaps in providing for the rehabilitation of both veterans and non-veterans. This extension of the concept of disability, and the realization it implies that emotional difficulties also are treatable, constitute a very significant advance in social legislation.¹

MUTUAL CHANGE

The veteran's success or failure in making the transition to civil life will depend upon a number of things. It will depend upon how much he himself has changed in military service, what he has gone through and what it has done to his fundamental attitudes and expectations, whether he has become more self-reliant or more dependent on others for emotional support. It will depend upon how able and willing he is to compromise and how flexible the social environment is into which he steps, how able and willing it is to adapt to some of his changes. If too great a gulf separates him, with the needs and expectations he cannot bring himself to give up, from civilian society with what it offers him, and particularly if he cannot succeed in learning or reviving the

social techniques he must acquire in order to bridge that gulf, he will remain socially maladjusted.

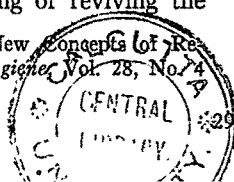
Every discharged veteran, like every inductee, is bound to pass through at least a brief period of social maladjustment before he succeeds in getting the hang of his new mode of life.² It is not alone he that has changed, for while he has been at war in his way, civilian society has been at war in its way. While he has been growing away from what he once was, it has been growing away from what he wanted it to remain. The unfamiliar man comes back to people and a scene that are now unfamiliar to him. The old life is simply not there to greet him. Disappointment and perplexity are mutually painful. The great majority of veterans, and the communities to which they return, manage within a relatively short period to adapt to one another reasonably well. A minority of veterans, apparently quite normal on discharge, do not make the grade without prolonged conflict and unhappiness. It is with this socially important minority that we are here concerned.

MALADJUSTMENT IN THE HOME

The memories of his home and his people have sustained the veteran in his moments of peril and hardship and his deadliest boredom. They have given him entertainment and raised his flagging morale. He has comforted himself for a very long time with the prospect of giving up hardship and deprivation to return to the old familiar ways. What neither he nor those at home suspect is that as he slowly changes, his remembrances of things change too—

¹ Michael Shortley, "New Concepts of Rehabilitation," *Mental Hygiene*, Vol. 28, No. 4 (1944), pp. 555-64.

² Willard Waller, *The Veteran Comes Back* (New York, 1944), pp. 115-20.



that he unwittingly reshapes even his own past to meet his changed needs and desires. He does what all men and women tend to do in pleasant fantasy. He omits or denies whatever contradicts his wishes—the flaws, the inconsistencies, the distasteful duties, the stubborn difficulties and annoying details, the pettiness of his friends, his loved ones, and himself at home—until his fantasies rebuild his memory into a dream that ill prepares him for the return.³

A very large number of discharged veterans will return to a home which they had already established before entering military service. During his long absence, the veteran's wife has had to learn to shift for herself and the children without counsel, guidance, or help from a husband, to make her own plans and decisions, to consider herself the head of the house and expect her word and her judgments to be final. A serious difficulty arises when a woman, once satisfied with subordination and dependence, finds unexpected pleasure in her expanded sense of importance, her new-found independence, and her unchallenged suzerainty over the household and the children. If she has gone to work and liked it, she will have acquired also some of the attitudes and expectations of a breadwinner.

The veteran returned home is much more likely to recognize the extent of these changes than his wife; and if anyone is to object to them, he must certainly be the one. The woman and her brood may have built up a tight little self-sufficient in-group which leaves no genuine place for him. If his children are very young he may seem a complete stranger to them, an intruder who robs them of a large part of their mother's attention and affection and tries to usurp her authority. If they are older,

and particularly if they have reached adolescence, he may feel that they have certainly not changed for the better in his absence.

In any case, the task of partially displacing his wife in the family constellation contains many hazards. If he is impatient and unskillful, the veteran runs the danger of playing the role of a resentful stepfather to his own children and a tyrant to his wife. He must realize that everyone involved has changed too much to allow a return to the exact prewar pattern; and his wife must be willing, at the very least, to give him a good share of the driver's seat. The reunion, in effect, may amount almost to a remarriage. If it is to be successful, they will need to practice again the arts of tolerance and compromise which they once worked out together in the early years of their marriage.

Adjustments of war marriages

War marriages followed by early separation leave out this crucial period of practice in the arts of tolerance and compromise. Under peacetime conditions, the excitement of marriage and the honeymoon is followed by the sober and unexciting business of learning how to live in domestic harmony. Sharing each other's passion is not enough. They must share the humdrum experiences of normal everyday life, with all its little pleasures, duties, difficulties, petty grievances, and details. When children come, they too must be shared by day and by night, and the parents must take part in their children's growth. By this process the married couple, and eventually their offspring, organize themselves into a unit that becomes an integral part of a community of relatives, neighbors, and friends.

For the war bride and groom, living together must usually be restricted to a very brief honeymoon, with perhaps an

³ George Pratt, *Soldier to Civilian* (New York, 1944), Chap. VI.

occasional week-end among strangers in a crowded town near camp, and finally a longer furlough that heralds their separation. When at last the husband comes back to stay, it is not to a home that he has known and helped to establish. His dreams about the homecoming are even less likely to correspond to reality than those of the experienced family man who goes to war. He has no organized pattern by which to guide and curb his expectations; and his bride has learned next to nothing of the role an average wife is expected to play in relation to the man of the house. If in his absence his wife has borne him a baby, he will also have missed the invaluable experience of early fatherhood, of sharing his wife's possessiveness over it and of watching it grow before his eyes. He may find the thousand and one little problems of matrimony and parenthood quite different from what he envisaged, and the job of adapting himself to a woman and her child not at all to his liking. Certainly the situation to which he returns is emotionally far more complicated for both husband and wife than the beginnings of an ordinary marriage. It has been estimated that 85 per cent of hasty war marriages end in failure.

The unmarried veteran

The unmarried veteran returning to the parental home has his own difficulties in social adjustment. Like the others, he also wants to find things as he left them. But he is no longer the same as when he went away and he cannot live any more under the old conditions. Because he has changed so much, he finds his home, his parents, and his siblings changed. He is disappointed, and so are they. It is true that he has matured in many ways, as his parents expected; but that maturity is not all in the ways that his parents would have chosen for him. He has

been trained in routine and regulation, but not as a child in his parents' home. He is accustomed to being directed and controlled, but by men who treat him as a man. Besides, these are just the things he has sworn never to submit to again, once he has left military service. He has been taught in service to regard his free time as his own and none of his superiors' business. Now that he is back home, he feels that he is permanently off duty; and yet he finds himself expected to make his intentions public, to commit himself, to say when he is going out and where, what he will do there, and when he will be back.

Mutual disappointment

To his own people, the returned veteran may seem all but unintelligible. They have tried to arrange everything as he asked for it, the things he wrote about, the things he used to like, the old ways and the old interests. They cannot understand his silences, his moodiness and restlessness, his obvious dissatisfaction, irritability, and occasional shows of temper. Some of his ways of doing things, his attitudes, and even the words and phrases he uses shock them. He seems unwilling to share his past with them or admit them to his future plans. They feel criticized, unappreciated, and misunderstood. It is not at all the homecoming they anticipated.

For his part, after the excitement of reunion passes, the discharged veteran is apt to find his people grow duller and duller. Compared with the life he has just left, their round of activities seems pointless and trivial, their outlook small and narrow, and their goals selfish or vague. He may find himself overwhelmed for a time by apathy, unable to react emotionally even to real civilian pleasure or distress. If he is silent for very good reasons about his war, they try to prod him into talking;

and if he talks about it, they seem not to understand what he says or why he says it. He senses their disappointment and disapproval, but, even when he understands it and regrets the occasion for it, he cannot help also feeling misunderstood, alone, and inwardly resentful at their attitudes and his critical reception.

THE COMMUNITY SEEMS UNFRIENDLY

When the veteran turns to others of his own age outside the home, he finds them also not of his world. He has apparently come down from Mars, where values, standards, attitudes, and goals are different, where action is everything and talk is next to nothing, where today is all there is and tomorrow never comes. He does not seem to understand his feminine contemporaries, and he may find least of all in common with men of his own age who have not seen military service. Between him and the latter there is apt to be an unexpressed feeling of uneasiness and hostility because of the obvious fact that, whatever the reason, one has been made to serve while the other has not. No one seems able to see things his way or speak his language. There is a barrier between the veteran and his community because they are products of these different worlds. The veteran suffers most because he is in the minority and his world has folded up and gone. The pattern these civilians live by seems disorganized, disjointed, chaotic. He cannot see himself becoming one of them.

These difficulties may be accentuated when the veteran looks for work in a competitive economy, where his most highly valued qualities of comradeship and sharing appear to him to have no place at all, and each man seems pitted against his neighbor. No one outside of his own home cares about his needs. No one any longer sees to it that he is

occupied. He may be told, on the one hand, that he must work, and, on the other, that he will be lucky if he can find work to do. He is likely to have built up expectations in wages and the character of his job that correspond neither to opportunity nor to his own preparation and specific abilities. At whatever level of employment he starts, he will always find competitors and superiors of military age who have not served, and who show little or no real concern over what he has lost in time, preparation, earnings, and comfort. In spite of all that he has learned, suffered, and achieved, it is he that is the rookie now, and the stay-at-home is the experienced hand. Even veteran preference regulations cannot entirely extinguish a feeling of resentment over such inequities and the apparent unwillingness of others to recognize and acknowledge them.

SOCIAL MATURITY AND VETERAN MALADJUSTMENT

Maturity is always a relative matter. The socially mature civilian does not automatically become a mature soldier upon induction; and the seasoned soldier does not become a seasoned civilian upon discharge. Indeed, so different are some of the qualities demanded by military life from those highly valued in civilian society that men once perfectly geared to one may never succeed in readjusting to the other. The socially mature civilian who has got along reasonably well in military life is least likely of all to encounter permanent, insurmountable obstacles in the way of returning to civilian patterns, unless his personal circumstances or his capacities have been seriously altered for the worse. The problem is more apt to be severe and complicated for the veteran who was immature and for the veteran who was already a disgruntled civilian at the time of his induction.

The socially immature inductee may fit easily into the military mold. In effect, he exchanges dependence upon his parents and the domestic or work routine for dependence upon his superiors and military routine. What insecurity he experiences at being suddenly cut away from home he shares, at least, with others in the same position. Even this is replaced before long by a new security in some ways more sweeping than the old. He finds that all his basic needs are taken care of for him. He is unfailingly fed, sheltered, and clothed, and his days and nights are laid out for him. He learns to do as he is told, to wait for orders, and not to question or argue about them when they come. His private opinions and much of his individuality and initiative are sacrificed to the effectiveness and safety of his group. From his companions he is taught to expect loyalty and co-operation in action as a matter of course.⁴ Individual competition and rivalry in the ranks are not encouraged. Even in officers candidate schools the slogan is, "There are enough commissions for everybody"; i.e., success is a matter of competence rather than competition. Finally, the man in military service is provided, not only with appropriate tools and techniques for his work, but also with real purposes and real goals for the moment and for the future. It is made obvious to him that his life is being geared to these and that almost everything he does is pointed toward them.

Acquiring social maturity

Acquiring social maturity in military service means just what it does in civilian life—the organization of one's social personality in accordance with

the demands of the prevailing cultural pattern, so that one becomes a useful member of his society. In military life the situation is basically unlike that in the family because one's relationships with superiors and subordinates must be kept impersonal. It differs from business and industrial life both in its lack of personal competition and hostility within the ranks and in the essentially paternalistic relationship between superiors and subordinates. Outside of this relationship, the accepted modes of reacting to obstruction are different. The soldier is trained to act directly with appropriate vigor. He becomes a stranger to the arts of compromise, argument, and persuasion. When the newly discharged veteran blows off steam in a soldier's way, he is likely to be misunderstood by civilians, and his behavior called immature. But it is more accurate and more just to call it inappropriate in a civilian context than to imply that the man who acts that way has not grown up.

The central problem in acquiring or rebuilding social maturity in a civilian context is that of self-direction. The lack of strict conformity, the absence of orders and direct pressures from companions and immediate superiors, the sudden disappearance of a stabilizing routine—all these, however welcome, do not make life simpler and easier at first.⁵ The discharged veteran must blow his own reveille and taps, plan his routine every day himself, learn to supervise his own performance, and even provide his own punishments, rewards, and gratifications. He has to learn or relearn to make all his own decisions and criticize their outcome. He must foresee and provide for a multitude of petty details. He has lived according to the rules of an almost exclusively masculine society. He must now be-

⁴ G. B. Chisholm, "Psychological Adjustment of Soldiers to Army and Civilian Life," *American Journal of Psychiatry*, Vol. 101, No. 3 (1944), pp. 300-302.

⁵ Robert England, *Discharged* (Toronto, 1943), pp. 1-45.

come adept again at regulating his conduct in terms of a society filled with older and weaker men, with women and children—a world in which a gentle disapproving look or a hint is expected to have the same force as a bawling-out from a top sergeant.

POOR ADJUSTMENT BEFORE ENTERING SERVICE

Not all men who are maladjusted in civilian life are unfit for military service. If their difficulties have stemmed from the lack of opportunity or ability to develop adequate self-direction, initiative, and domination in a competitive society, they may find a degree of security and satisfaction in military society that is a new and welcome experience. Submission to authority is now a virtue that brings no loss in self-respect. One is not only allowed but required to leave decisions and initiative to one's superiors and to wait for orders and direction before acting. They will do all the planning and guiding, and they will take the responsibility for the outcome.

When, however, the socially inadequate person is later discharged back into civilian society, he is likely to find it harder than ever to face, just because he has known something better for him. He may long for a return of the congenial security of being looked after, led, and directed; he may miss the orderliness and regularity of life, the sense of belonging to a great organization with great and tangible aims set out by his leaders. He longs for authority because it is his only way of gaining personal security. He needs an organization so that he can recapture the confidence and significance he once derived from identifying his life and his aims with the work and aims of the military society that adopted him.

Young men who were poorly adjusted only because they were unemancipated

from home ties when they were inducted may return home still unemancipated. Particularly if they have remained in the ranks, they will have learned to live as grown men, but not as independent men. They will have learned concerted group action in a tightly organized society, but not individual action in a loosely organized one. The life they enter on discharge is not the one they have been molded and matured for. They still have the lessons of self-management to learn and the ways of a competitive civilian society to master that seems to expect them to go ahead without furnishing plans or directions, and holds them responsible for the future consequences of what they do. They have to begin the process of maturing all over again, and without the support of the military organization upon which their competence has depended.

Among the older men entering military service is another group of those who leave behind them an uncongenial life situation. The change to something else seems very attractive to them, and it brings neither reprisal nor disgrace.⁶ Some of these have been deeply discontented with marital life, galled by its restraints, mismated, or annoyed by family responsibilities and domestic details. Some are getting nowhere in their work and dread going on in it. By entering the service they manage to leave their problems behind them; but the problems are not solved. While the disgruntled man is absent, the home or the place of work may learn to get along effectively and peaceably without him. When he returns it may, without in the least realizing it, show less forbearance and consideration than it did before he went away. For his part, he has had a good taste of freedom and may have found positive enjoyment in

⁶ George Pratt, *Soldier to Civilian* (New York, 1944), Chap. III.

it. He has learned new impatience; and he speaks his mind when things go wrong. The old problems which he was glad to leave soon reappear; and now neither he nor his environment is as well able to grapple with them as before the war.

DISCHARGE AND CHANGE OF STATUS

A temporary loss of status is the lot of every man leaving the service. In it he has had a definite place and definite functions. Both of these vanish the moment he steps out. An important part of the process of readjusting to civilian life is the regaining of status in civilian society. While for the great majority of veterans this is soon achieved, for a minority it becomes a very serious problem. Other things being equal, the less importance and authority one has in military service, the less likely the change is to precipitate lasting social maladjustment. For many veterans, nothing in civilian life ever again gives the same opportunities for self-assertion and accomplishment that military life once did. Either they are peculiarly fitted for one and not for the other, or they have learned to expect certain gratifications which only a military organization at war can provide.

The plight of the self-respecting officer who in civilian life is obliged to serve his one-time subordinates is too well understood to need exposition. The demoralizing effect upon a proud person of repeated humiliating experiences may have disastrous consequences for him if he gives up, and for society if he fights back. Change of status upward on discharge can also lead to maladjustment. After a period of military service some men find that they are actually less capable of making their own decisions, and of doing their own and others' planning at work, than they were before leaving civilian life. In

such cases it is probable that, in compelling the man to submit to direction and supervision for a time, the military system actually provided him with an opportunity to play a role that was more in keeping with his personality needs than was his civilian status.

SOCIAL READJUSTMENT

The neglected veteran who is allowed to go on being socially maladjusted is in real danger of being recruited into the ranks of the neurotic or psychotic, the chronically malcontented or the outright antisocial. It is obviously up to both military and civilian society to see that adequate provisions for immediate social readjustment are made. This cannot be left to chance, and it must not be left to professional reformers with political ambitions. Since the need for such provisions, and the ways in which it is being or should be met, are covered in detail elsewhere in this volume,⁷ only a few points will be necessary to make here.

Within the services, organized attempts have been under way for some time to orient the soldier or sailor with respect to the part that both he and the civilian are playing in total war, and thus to help bridge the apparent chasm between their activities and objectives. When discharge approaches, the serviceman may go through a period of processing in separation centers where he is prepared for the transition from military to civilian society.⁸ Here he has access to individuals trained in psychiatric interview, vocational counseling, and job placement, who are there to help him face his immediate future with appropriate realistic plans. He is given literature on his rights, opportunities,

⁷ See articles by Irvin L. Child and Eduard C. Lindeman.

⁸ Dixon Wecter, *When Johnny Comes Marching Home* (Cambridge, Mass., 1944), pp. 522-39.

and benefits as a veteran, put in direct contact with representatives of the Veterans Administration, and finally provided with a travel allowance and mustering-out pay to tide him over the transitional period financially.

Back home, an unusually wise provision from the psychological standpoint makes the local Selective Service board function in reverse to help relocate the veteran, if he wishes it, in the same community from which it originally took him, or in some other one of his choice. Special legislation is already in force giving him certain rights in relation to his old job, preferment in civil service positions, and unemployment insurance. He is entitled by law to receive limited loans for the purchase of a farm or a home, or to assist him in establishing his own business.⁹ If he has certain minimal intelligence, achievement, and age qualifications, he may proceed at the Government's expense with his general, technical, or professional education.

Veterans organizations

Essential as these provisions are to give the veteran a fresh start and compensate him in part for what has been taken from him, they are not alone sufficient to integrate him with the life of his community. He is still surrounded by people who live differently, talk and think differently, and show themselves as incapable of sharing his past as he seems of sharing their present. Therefore, in spite of all he has said about military life and military personnel, he is very likely in the end to seek out others like himself. He needs the company of men with similar background who speak his language, think his thoughts, and share his opinions, diffi-

culties, and dissatisfactions. He feels a stranger in his own home, and he finds no kindred spirits outside it. He cannot and usually does not want to return to military life. So he does the one thing left for him to do. He turns to others in a similar predicament and, formally or informally, joins a group of veterans.

It has been pointed out that this is exactly what immigrants do all over the world when they find themselves lost in a strange land.¹⁰ They come together in special organizations, if they can, where for a few hours a week they relive the old life with others from a similar cultural background, relax in the comfort of a friendly and understanding atmosphere, swap old and new experiences, share one another's troubles and perplexities, and give sympathy or encouragement to those who need it. Such a process, repeated at regular intervals, heals many hurts. It gives the lonely man a real chance to recapture his lost sense of belonging, to acquire the necessary new system of values among persons who neither ignore nor scoff at his old ones, to realize that his own confusions and disillusionments are in no sense peculiar to him but are the common plight of all dislocated men.

Veterans organizations allow the unadjusted person to have the invaluable experience of associating on an equal footing with others, like himself, who have already succeeded in passing through the very phases of readjustment in which he is at the moment caught. Later on he is able to recognize these early stages in newcomers and to help them. Since each member of a veterans organization is also in some capacity a member of the larger community, it is inevitable that the two should tend to approach each other in attitude more and more as time goes on. The great majority of the former have

⁹ Thomas Rennie, "National Planning for Psychiatric Rehabilitation," *American Journal of Orthopsychiatry*, Vol. 14, No. 3 (1944), pp. 386-95.

¹⁰ Willard Waller, *op. cit.*, pp. 180-82.

in the past eventually developed constructive and beneficent activities in relation to the larger community; and these enable the still unassimilated veteran to join with others in enterprises that require the co-operative, joint effort of both veteran and nonveteran.

In many communities, veterans information centers are being set up to supplement the work of governmental agencies by providing local orientation and local aid.¹¹ Laudable attempts are being made in some places to continue the activities of extant wartime service organizations into the rehabilitation period, so that their special experience and the skills they have already developed may be utilized to provide the veteran with recreational facilities and vitally necessary social opportunities.

It would be a serious mistake to look

upon all this as mere idle entertainment or escape. For a great many individuals these community recreational institutions and the social affairs of veterans organizations may well turn out to be of crucial importance in hastening and perfecting the process of social rehabilitation. They create an atmosphere of ease and informality that can be made ideal for the recovery of lost civilian arts and forgotten values.

The fundamental objective of both the discharged military man and his community is that of mutual readaptation in which each accepts some changes in the interest of the other. This must be achieved in such a way as to cushion the shocks of transition and bring about the veteran's reassimilation to an improved civilian society as rapidly, agreeably, and completely as possible, so that he may willingly accept the transformation from the status of a competent, mature soldier or sailor to that of a competent, mature civilian.

¹¹ Elizabeth Wickenden, "The Veteran Comes Home: A Summary of Existing Plans and Programs for Readjustment," *Public Welfare*, Aug. 1944.

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Federal Legislation

By GERALD MONSMAN

INASMUCH as the various articles of this issue deal with the numerous detailed ramifications of assistance to, and rehabilitation of, disabled veterans, this article will be restricted to summarizing the high lights of the Federal legislation applicable to disabled veterans. Much of that legislation was on the books before the present war and some of it was so worded that it would be automatically applicable to disabled veterans of any war. Since the beginning of the present war some statutes have been made specifically applicable to veterans of this war, and much of this legislation has been amended to liberalize its terms. Moreover, there have been significant additions to the legislation which was already applicable to disabled veterans.

As far as possible, this article will be further confined to discussing legislation applicable to disabled veterans of *World War II*. Any comment upon benefits to veterans in general will be merely incidental. That will also be true with reference to benefits given to dependents of veterans. Moreover, comments on the benefits derived from insurance will, inasmuch as it is general veterans legislation, be passed by in this article. It should, however, be borne in mind that the benefits of general veterans legislation and the insurance benefits which would come to the veteran's survivors are applicable to disabled veterans as well as to other veterans.

COMPENSATION

The first matter which naturally comes to one's attention in considering a disabled veteran is the question as to what compensation or pension he will, during the period of his disability, be receiving from a grateful nation on

whose behalf he has incurred the disability. The answer to that question is contained in what is generally referred to as Public Law 2, 73d Congress, approved March 20, 1933, and frequently amended.¹ That law provides that, subject to regulations to be issued by the President, compensation shall be granted to certain enumerated groups of persons, including: (1) any person who has served in the active military or naval service and has been disabled as a result of disease or injury or aggravation of a pre-existing disease or injury incurred in the line of duty in time of war, provided he was honorably discharged and the disability is not the result of his own misconduct; (2) the widow, child or children, and dependent father or mother of any such veteran, upon his death.

By an amendment of July 13, 1943, it was provided that every person employed in the active military or naval service shall be taken to have been in sound condition when accepted for service, except as to defects, infirmities, or disorders noted at the time of his examination. This rule applies unless there is clear and unmistakable evidence to demonstrate that the injury or disease existed prior to acceptance for service and was not aggravated by such service.

A pre-existing injury or disease will be considered to have been aggravated if there is an increase in disability during active service, unless there is a specific finding that the increase is due to the natural progress of the disease. Chronic diseases becoming manifest to a degree of 10 per cent or more within one year from the veteran's separation from the service are considered to have

¹ U. S. C., Title 38: 700 ff.

been incurred or aggravated in the service, even though the record shows no evidence of such disease. This general rule is qualified by the provisions that the veteran must have been in the service at least ninety days and that there is no affirmative evidence that the disease is nonservice-connected or is due to the veteran's own misconduct.

The law fixes a minimum and maximum monthly payment for disability. Within these ranges the President is authorized to prescribe the degrees of disability and the rate to be paid for each degree of disability. The rates vary: (a) for disability resulting from disease or injury incurred or aggravated in line of duty in time of war; (b) for the same if incurred in time of peace; (c) for the same if incurred while not in the service.

Schedule of payments

By Executive order of June 6, 1933, the President directed the Administrator of Veterans Affairs to establish ten grades of disability based as far as possible on the impairment of earning capacity in civilian life. The schedules of payments originally fixed have from time to time been amended, and the one we are here primarily concerned with is the one which applies to veterans disabled in the line of duty in time of war. That schedule is now as follows:

- a) Ten per cent disability—\$11.50 per month.
- b) Twenty per cent disability—\$23.00 per month.
- c) Thirty per cent disability—\$34.50 per month.
- d) Forty per cent disability—\$46.00 per month.
- e) Fifty per cent disability—\$57.50 per month.
- f) Sixty per cent disability—\$69.00 per month.

- g) Seventy per cent disability—\$80.50 per month.
- h) Eighty per cent disability—\$92.00 per month.
- i) Ninety per cent disability—\$103.50 per month.
- j) One hundred per cent disability—\$115.00 per month.
- k) If the veteran as a result of service-incurred disability has lost, or lost the use of, a foot, hand, or eye the above rates are increased by \$35.00 per month.
- l) If he has lost, or lost the use of, both hands, or both feet, or one hand and one foot, or is so helpless as to be in need of regular aid and attendance the compensation is \$165.00 per month.
- m) If he has lost, or lost the use of, both hands and one foot, or both feet and one hand, or is blind in both eyes the compensation is \$190.00 per month.
- n) If he is blind in both eyes, and has lost, or lost the use of, a hand or a foot the compensation is \$215.00 per month.
- o) If the veteran qualifies for two or more rates under those enumerated under (l) to (n) and/or is blind in both eyes the rate is \$265.00 per month.

On December 19, 1941, Congress provided that compensation at the war-time rates mentioned above should be paid to officers and enlisted men of the Army, Navy, Marine Corps, and Coast Guard, when disabled in the line of duty as a direct result of (1) armed conflict, (2) extra-hazardous service, including practice warfare, or (3) while the United States is engaged in war.² As stated above, the surviving dependents of such veterans are also covered, but on a reduced scale.

The schedule of compensation for disability incurred during peacetime service runs from \$8.63 per month for 10 per cent disability to \$86.25 per

² Public Law 359, 77th Cong.

month for 100 per cent disability, with an additional \$26.25 for loss of use of a limb or an eye. Loss of use of more than one limb ranges from \$123.75 to \$198.75 per month. There are likewise compensation payments for the surviving dependents on a proportionately reduced scale.

Veterans of World Wars I and II who become permanently and totally disabled from other than service-connected causes are entitled to compensation unless their income, if single, is in excess of \$1,000 per annum, or if married or having minor children, is in excess of \$2,500 per annum. Those qualifying for this compensation are entitled to \$50 per month, but this amount is increased to \$60 per month after they have been rated disabled and have received such compensation for a continuous period of ten years, or have reached the age of 65 years. There is also provision for the surviving dependents of such a veteran.

Various regulations

By the Voorhis Act of December 20, 1941, the Administrator of Veterans Affairs was authorized to prescribe the procedure relating to determination of service connection of injuries and diseases alleged to have been incurred in, or aggravated by, active service in a war, campaign, or expedition. The act specifically provides that when the official records are silent with reference to the origin of the disability, lay evidence shall be taken into account and that the Administrator must "resolve every reasonable doubt in favor of such veteran." The record must show the reason for the decision.³

The President is required to prescribe the regulations with reference to the filing of claims, the classification of the persons to be benefited, and so forth. Upon the filing of a claim, compensa-

tion is payable from the date of the veteran's discharge, if the claim was filed within a year from the date of his discharge. Benefits under the law are forfeited if the veteran has been guilty of mutiny, treason, sabotage, or aiding the enemy; but in such cases there is discretion in the Administrator as to whether the dependents of such a veteran are to draw any compensation.

All decisions rendered by the Administrator of Veterans Affairs under the legislation applying to compensation and the regulations issued pursuant thereto are final and conclusive on all questions of law and fact, and no other official or court of the United States has jurisdiction to review such decisions either by mandamus or otherwise.

HOSPITALIZATION AND DOMICILIARY CARE

The Administrator of Veterans Affairs is authorized to furnish, within the limits of the existing Veterans Administration facilities, hospitalization and domiciliary care to veterans of any war, who are not dishonorably discharged and are suffering from disability, disease, or defect, if they are unable to pay for such care, irrespective of whether the disability, disease, or defect was service-connected.

The only evidence of inability to pay which can be required by the Administrator is a sworn statement by the applicant of his inability to defray the necessary expenses. Necessary expenses include expenses incurred by the veterans and their attendants in authorized travel "to and from a Veterans' Administration facility or other place for the purpose of examination, treatment, or care."⁴

By act of March 17, 1943, which amends the regulations so as to grant hospitalization, domiciliary care, and burial benefits to any person who

³ U. S. C., Title 38: 726.

⁴ U. S. C., Title 38: 706.

served in the active military or naval service of the United States during the present war, it is specifically provided that active military and naval service as here used shall include active duty as a member of the Women's Army Auxiliary Corps, Women's Reserve of the Navy and Marine Corps, and the Women's Reserve of the Coast Guard.⁵

By act of May 23, 1944, Congress once more provided that any veteran who has served honorably in a war period is entitled to hospitalization and domiciliary care in the same manner and to the same extent as veterans of any war are now or may hereafter be furnished by the Veterans Administration.⁶

Veterans without dependents who receive such hospital treatment or domiciliary care in a veterans facility receive compensation, in addition to such care, in an amount not to exceed \$20 per month if their disability was service-connected, or \$8 per month if the disability was nonservice-connected. If a veteran without dependents is found to be insane, his compensation at the above rates is subject to further control by the Administrator and may be paid to hospital officials or guardian. If the veteran has dependents, he receives the full amount of compensation, but his compensation may in the discretion of the Administrator be apportioned on behalf of his dependents.

APPORTIONMENT OF COMPENSATION

If serviceman has	Serviceman receives (Per cent)	Wife receives (Per cent)	Child or children receive (Per cent)
Only wife	70	30	
and 1 child	60	20	20
and 2 children	55	20	25
more than 2 children	50	20	30

Law 10, 78th Cong.
Title 38: 706b.

The apportionment established is shown in the accompanying table.

ARTIFICIAL LIMBS AND APPLIANCES

There have been a great variety of statutes providing disabled veterans with artificial limbs and appliances. By an act passed on May 23, 1944, Congress repealed a variety of such laws and in turn enacted a single provision to the effect that any retired officer or enlisted man who has lost a limb, or the use thereof, in the line of duty in military or naval service at any time may be provided with an artificial limb or other appliance found by the Administrator of Veterans Affairs to be reasonably necessary in medical judgment. Costs of transportation to effect the fitting of the limb or appliance is included. However, it is provided: "No commutation in lieu of such artificial limb or other appliance shall be payable on or after the date of this enactment."⁷ This last sentence repealed provisions which had previously existed which permitted the payment of money awards in lieu of artificial limbs or appliances.

There is a further provision which authorizes the Administrator of Veterans Affairs, under such regulations as he may prescribe, to provide seeing-eye or guide dogs trained for the aid of blind veterans who are entitled to disability compensation under the laws. The Veterans Administration is authorized to pay all necessary traveling expenses to and from the veteran's home and the expenses which may be incurred in having the veteran become adjusted to the use of a seeing-eye dog. The act moreover authorizes providing such veterans with mechanical electronic equipment for aiding them in overcoming the handicap of blindness.⁸

⁷ U. S. C., Title 38: 706b.

⁸ U. S. C., Title 38: 251.

VOCATIONAL REHABILITATION

Public Law 16 of the 78th Congress, approved on March 24, 1943, is the well-known Vocational Rehabilitation Act.⁹ It added a new section to the veterans regulations, which new section provides vocational rehabilitation service for any person: (1) who served in the active military or naval forces at any time after December 6, 1941 and prior to the termination of the present war; (2) who is honorably discharged; (3) who has a disability incurred in or aggravated by such service for which pension is payable; and (4) who is in need of vocational rehabilitation to overcome the handicap of such disability.

It is provided that no course of training shall be longer than four years, and that no training shall be given more than six years after the termination of the present war. The Administrator of Veterans Affairs is to prescribe and provide suitable training.

To achieve the objectives of the law the Administrator may utilize: (1) veterans facilities or other governmental agencies; (2) facilities provided jointly by Federal and state contribution; and (3) he may contract with public and private institutions to provide the necessary services.

During the period of training and for two months after employability is determined, the veteran will be paid compensation in an amount equal to that paid for total and temporary disability. If the veteran is taking his training on the job, the employer is required to report monthly to the Administrator what the veteran is being paid. Based upon such reports, the Administrator is authorized to reduce the pension of the veteran to an amount "considered equitable and just, but not below the amount of pension or retirement pay to

⁹ U. S. C., Title 38: 703a.

which he would be entitled for service-connected disability if not following a course of vocational rehabilitation."

If the veteran sustains further injury or aggravation of a disability while in training, not due to willful misconduct, such injury or aggravation will be considered service-connected, but no benefits will be paid therefor unless application is made within two years from the injury or aggravation.

The Administrator may make rules and regulations to promote good conduct and co-operation, and a violation of such rules may be followed by penalty in the forfeiture of a portion of the payments to be made to the veteran. The veteran shall during the period of training have not more than thirty days leave of absence during any twelve consecutive months. A revolving fund of a half-million dollars is created out of which advancements, not in excess of \$100 in any case, can be made to veterans at the commencement of their courses of training. The advancements bear no interest and may be repaid in installments.

Provision is made for training personnel to do the rehabilitation work. The Administrator is further authorized to make or

cause to be made studies, investigations, and reports inquiring into the rehabilitation of disabled persons and the relative abilities, aptitudes, and capacities of the several groups of the variously handicapped and as to how their potentialities can best be developed and their services best utilized in gainful and suitable employment, including the rehabilitation programs of foreign nations engaged in the present war.¹⁰

SERVICEMEN'S READJUSTMENT

The Servicemen's Readjustment Act, approved on June 22, 1944,

¹⁰ Veterans' Regulations, No. VII.

mous "GI Bill of Rights."¹¹ It is primarily concerned with benefits to veterans in general and provides: educational opportunities; guaranty of loans for the purchase or construction of homes, farms, and business property; establishment of employment service for veterans; and the payment of readjustment allowances to veterans who are unemployed. It is a comprehensive act with much detailed administrative material. Since the major features of this act are concerned with veterans in general, it does not fall entirely within the purview of this article. However, there are certain features of the act which apply specifically to disabled veterans, and these should be briefly discussed.

The act provides for the construction of additional hospital facilities, and for the mutual use and exchange of facilities, supplies, equipment, material, and personnel between the Army, the Navy, and the Veterans Administration. The Administrator of Veterans Affairs is further authorized to place employees in such Army and Navy installations as may be deemed advisable for the purpose of adjudicating disability claims of, and giving aid and advice to, members of the Army and the Navy who are about to be discharged. To provide further aid to such service...

in asserting their claims, made for the placing of of recognized veterans in military and naval

that a serviceman may ed until he has been disabled, until he has executed a claim for compensation or pension or hospitalization or has signed a statement that he has had explained to him his right to file such a claim. Two sentences of the act should be quoted in full. They are as follows:

¹¹ U. S. C., Title 38: 901 ff.

Any person entitled to a prosthetic appliance shall be entitled, in addition, to necessary fitting and training, including institutional training, in the use of such appliance, whether in a Service or a Veterans Administration hospital, or by outpatient treatment, including such service under contract.¹²

No person in the armed forces shall be required to sign a statement of any nature relating to the origin, incurrence, or aggravation of any disease or injury he may have, and any such statement against his own interest signed at any time, shall be null and void and of no force and effect.¹³

There is a blanket disqualification from all rights under veterans laws of any person discharged: (a) as a result of a general court martial; (b) as a conscientious objector; (c) as a deserter; (d) as an officer whose resignation was asked "for the good of the service."

Provision is made for an appeal from such discharges if made within fifteen years from the discharge. This disqualification does not apply if the veteran was insane when he committed the offense which would otherwise disqualify him. The above persons are, however, not disqualified from taking benefits under the War Risk, Government, or National Service Life Insurance plans.

VETERANS' PREFERENCE ACT

Under the Veterans' Preference Act, approved on June 27, 1944,¹⁴ a comprehensive system of preferences is set up for nearly all civilian positions under the Federal Government. These preferences are accorded to the following groups: (1) honorably discharged servicemen and women who have a service-connected disability; (2) the wives of such service-connected disabled ex-servicemen as have themselves been unable to qualify for any civil

¹² U. S. C., Title 38: 905.

¹³ U. S. C., Title 38: 906.

¹⁴ U. S. C., Title 38: 1001-18.

service appointment; (3) the unmarried widows of honorably discharged, deceased ex-servicemen who served under war conditions; (4) honorably discharged ex-servicemen and women who have served under war conditions.

The preferences accorded the above groups are as follows:

1. In all examinations which are held to determine the qualifications of applicants for positions, ten points are added to the grades made by persons in groups (1), (2), and (3) above, and five points to the grades of persons in group (4).

2. Moreover, for positions of guards, elevator operators, messengers, and custodians only persons in the above four groups will be considered during the war and for five years thereafter, as long as such persons are available.

3. The time spent with the armed forces is included in the experience rating whenever possible.

4. There is a waiver in favor of the above groups, whenever possible, of such nonessential requirements as those with reference to age, height, and weight; concerning the employment of two or more members from one family; and concerning the apportionment of positions among the several states.

5. There are detailed favorable provisions with reference to certification for appointment, written reasons for refusal to hire, preferred treatment in the event of reduction of personnel, notice of discharge, recertification and reinstatement.

The act does not apply to positions "under the legislative or judicial branch of the Government or to any position or appointment which by the Congress is required to be confirmed by, or made with, the advice and consent of the United States Senate." Since nearly all the Federal positions in which disabled servicemen and women might be interested are under the executive branch of the Government, this act should prove

of genuine value to those who, after incurring disability, may wish to continue serving the Government in a civilian capacity.

HOMESTEADS

The Soldiers' and Sailors' Homesteads Act of September 27, 1944,¹⁵ provides that any veteran who has served at least ninety days in World War II, and who makes homestead entry subsequent to honorable discharge, shall have the period of his service up to two years credited as residence and cultivation time on the homestead. Regardless of the length of service, a full two-year credit shall be allowed: (1) if the veteran is discharged for wounds received or disability incurred in the line of duty; or (2) if regularly discharged and subsequently is furnished hospitalization or is awarded compensation by the Government on account of such wounds or disability.

In case a veteran is, under this act, entitled to a homestead, the right would upon his death pass to: (1) his widow, if she were not remarried, or (2) in case of her death or remarriage, to the veteran's minor orphan children.

For the disabled veteran the period of residence upon a homestead and compliance with homestead laws prior to the issue of a patent to him is, therefore, reduced from three years to one year.

CONCLUSION

In addition to the major legislation discussed above, Congress has from time to time passed separate acts to take care of special situations or particular needs. No attempt has been made to digest all such minor legislation, but to illustrate the character

¹⁵ U. S. C., Title 42: 279-83.

thereof the following may be mentioned:

By act of September 26, 1941, Congress provided that Reserve Officers, Army of the United States, who were called into the active military service by the Federal Government for a period in excess of thirty days on or subsequent to February 28, 1925, other than for service with the Civilian Conservation Corps, and who were disabled from disease or injury contracted or received in the line of duty while so employed were in all respects to be entitled to receive the same retirement pay and hospital benefits as were then or might thereafter be provided by law or regulation for officers of corresponding grades and length of service of the Regular Army.¹⁷

By act of October 13, 1942, Congress provided that members of the Naval Reserve Officers' Training Corps who suffered disability during the present war and its preceding national emergency in the line of duty while en route to or from and while participating in authorized practice cruises, were to be entitled to medical care at home

or in hospital, with necessary transportation.¹⁸

By act of July 13, 1943, it was provided that if an incompetent veteran has no guardian, payment of compensation, pension, or retirement pay may in the discretion of the Administrator be made to the wife for use of the veteran and his dependents. Death benefits are likewise payable to her even though she may be a minor.¹⁹

By act of December 27, 1943, Congress increased the amount of Federal aid to state and territorial homes for the support of disabled soldiers and sailors of the United States from \$240 to \$300 per annum.¹⁹

The foregoing must suffice to sketch the high lights of Federal legislation on behalf of disabled veterans and to indicate the variety and diversity of that legislation. This summary is not exhaustive, but it is indicative of the fact that Congress has made a sincere effort to incorporate in legislation the solicitude in the hearts of all for those who wear the purple heart.

¹⁷ U. S. C., Title 34: 821b.

¹⁸ U. S. C., Title 38: 450.

¹⁹ U. S. C., Title 24: 134.

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State Legislation

By LYNTON K. CALDWELL

SINCE the Civil War a large volume of state veterans laws has accumulated and has been tabulated in the publication *State Veterans Laws*, a compilation of measures enacted before January 1, 1943, prepared for the committee on pensions, United States House of Representatives, Seventy-seventh Congress.¹ More recent legislation has been summarized by the Council of State Governments in the publication *State Provisions for Veterans Benefits Enacted During 1943 and 1944*.²

With reference to veterans in general and to disabled veterans in particular, a distinct contrast obtains between the legislation enacted after previous wars and that enacted to provide benefits for veterans of the present war. Prior to 1943, state veterans legislation was primarily designed to accomplish four general objectives: (1) to assist veterans, particularly those disabled, by certain cash grants in the form of bonuses and by exemptions from certain tax and license obligations; (2) to provide financial assistance to the families of veterans killed or disabled; (3) to accord veterans preferential employment in the public service; and (4) to extend to veterans organizations facilities such as the provision and maintenance of soldiers homes and burial grounds, provision for organization meeting places, and appropriations for monuments and memorials. A fifth

type of state objective, less characteristic than the foregoing, was the assistance to disabled veterans through state vocational rehabilitation programs supplemented by state or county medical and hospital services.

Pre-1941 veterans legislation was to a large extent unco-ordinated and piecemeal in character, and the benefits provided frequently had no direct relation to the actual needs which veterans sustained as a result of military service. The majority of provisions and exemptions operated automatically without need for supervision and without reference to the particular problems of individuals. Bonuses, tax exemptions, and burial provisions were usually granted to all veterans alike, without special regard to the physical or material condition of the recipient, and assistance to disabled veterans was characterized chiefly by a somewhat greater degree of generosity than that allowed the nondisabled veteran. In the organization of vocational rehabilitation programs and in state medical aid and hospitalization provisions may be found the nucleus from which developed the type of veterans program which characterizes the present period.

The salient characteristics of state veterans legislation since 1941 have been the integration of veterans legislation into comprehensive programs and the provision for continuing administrative supervision of veterans affairs.

CONTINUING SUPERVISION

There has been a pronounced trend in the states toward the creation by legislative or executive action of special continuing agencies to deal with veterans affairs and veterans problems. These state veterans agencies usually

¹ A reprint of this publication containing a special compilation of laws to January 1, 1945 has been issued as *House Committee Print No. 10, 78th Cong., 2d sess.*

² For a comprehensive treatment of joint Federal-state action pertaining to disabled veterans see Edward E. Odom, "Federal-State Co-operation in Relation to Veterans Affairs," *State Government*, Vol. XVII (Dec. 1944), 455-58.

are constituted with a policy-determining board representative of veterans organizations and those state departments concerned with veterans affairs, and with executive responsibility vested in a director or state service officer. This pattern is frequently repeated in the counties of the state and to a considerable extent in the incorporated communities.

Illustrative of state legislation providing for the organization and responsibility of these agencies is the Michigan Office of Veterans Affairs, established in 1944, to afford veterans advice, direction, and assistance through the co-ordination of programs and services in the fields of education, health, vocational guidance and placement, medical care, and economic security.³ Recognizing that the Office of Veterans Affairs located in Lansing could never give proper, individualized service to veterans, the organization of local councils of veterans affairs and veterans information centers in the principal communities of the state was promoted and encouraged. Such cities as Jackson, Kalamazoo, and Grand Rapids pioneered in the effort and others quickly followed. The entire state has now been organized with counseling services available to veterans no matter where they may live.

This is the general pattern developed by many states, with variations adapted to their particular circumstances. The drafting committee of the Council of State Governments has prepared a suggested *Veterans Service Officer Act* which establishes a full-time state veterans officer who is charged with the duty of collecting and disseminating veterans benefit information and assisting veterans, their families

and dependents, in the presentation of claims. This act provides for a co-ordinated veterans service in states where more elaborate administrative organization may not be necessary.

One result of this emphasis on organization is that services requiring continuing administrative planning and individualized supervision may now be provided. In the case of the rehabilitation of disabled veterans this trend is of greatest importance, because insofar as the state adopts an organized veterans program, it is prepared to follow through with positive measures to help the disabled veteran to help himself, and to co-operate actively with Federal agencies and local communities to this end. Thus a sound, scientific program of rehabilitation becomes possible.

CHARACTERISTICS OF REHABILITATION PROGRAMS

State efforts to assist in the rehabilitation of disabled veterans proceed along two distinct though interrelated avenues. The first of these may be called the social approach, and includes those measures designed to assist all veterans in making the psychological adjustment to postwar conditions and to provide educational and vocational assistance to this end, and also such incidental financial support as may be required during the period of adjustment.

The second avenue, which parallels the first, proceeds toward the physical conditioning of the veteran and is designed to restore him, insofar as is possible, to normal capability. Where veterans have sustained disabilities of a magnitude which requires special vocational training and adjustment, it is important that the medical, vocational, and psychological phases of a state veterans program be properly correlated. Great progress has been made in the states in this respect. Co-operative en-

³ For a more detailed description of the Michigan veteran agency, see Frank Bane, "State Plans for Aid to Veterans," *THE ANNALS*, March 1945.

deavor characterizes the various phases of the state programs for disabled veterans and gives promise of effectively resolving problems which, in the aftermath of earlier wars, invariably gave rise to hardship and misery.

EDUCATIONAL GUIDANCE

In that phase of state programs relating primarily to social adjustment, education plays a major part, particularly as related to the younger veterans. Although applying equally to disabled and nondisabled veterans, state educational programs (such as that of New York, which provides for 1,200 scholarships of \$350 which may be granted for as many as four years, or the California measure providing payment of tuition fees, books, and living expenses for veterans who wish to continue their education) have an obvious relationship to the adjustment of younger men and women who may find through enlarged educational opportunities means for overcoming physical handicaps which might otherwise unduly limit their vocational choices.

Financial assistance has been extended by many states to children of veterans disabled or killed in military action for the purpose of completing their education at the public school or college level. Furthermore, many states have set up either in the Department of Veterans Affairs or in the Department of Education or Public Instruction an educational counseling service which not only certifies veterans to various educational institutions, but also provides guidance to the veteran which is particularly advantageous to those sustaining some physical handicap. State universities are preparing to fulfill their responsibilities under the state and Federal educational provisions for veterans. Faculties of the schools of business, psychology, and education have investigated procedures and formulated plans

particularly for the guidance of veterans requiring vocational readjustment. State-wide conferences on veterans problems have been sponsored by several universities, and problems relating to disability have been invariably accorded a major place on the agenda.

VOCATIONAL TRAINING

State vocational rehabilitation services, many of which have been functioning since the last war, are being expanded and reorganized to give better assistance to veterans of the present war with less than 10 per cent service-connected disabilities, who do not come under the provisions of the rehabilitation program of the United States Veterans Administration. These services, usually specifically vocational in character, are designed to assist any disabled individual to develop such capacities as will enable him to proceed as far as possible with his own support and to facilitate his social and mental adjustment by guiding him in a direction in which he can succeed. State vocational rehabilitation programs are of particular benefit to veterans sustaining nonservice-connected disabilities, which are not compensable under Federal legislation. Several state legislatures have recently appropriated increased sums for assistance of this kind.

Alabama program

Illustrative of the specific character and organization of vocational rehabilitation services are those listed as a part of the Alabama Veterans Assistance Program. Four major types of services are provided:

a. Vocational guidance.—Guidance is provided to relate the occupational capacities of the individual to the occupational opportunities of his community. Through proper diagnosis and guidance, discharged veterans who are physically impaired will be assisted in

determining the ways in which they may best benefit from services offered.

b. Medical, surgical, and prosthetic services.—Medical and surgical services are closely co-ordinated with vocational guidance, training, and other services needed in each individual case to prepare the veteran for the type of job that he may hold. Frequently, simple surgery, an appliance, or both will materially decrease the physical handicap or even remove or fully compensate for it.

c. Vocational training.—Those disabled veterans whose impairments have incapacitated them for their normal occupation, or who have never had vocational experience, or whose skills have become obsolete because of changing industrial needs, will require vocational training. The success of a training program will depend in large degree upon the thoroughness of the guidance, medical, surgical, and other services provided to prepare an individual for an employment objective.

d. Employment.—All persons discharged from military service as a result of physical impairment are advised to counsel with rehabilitation workers before accepting employment. If employment only is needed, rehabilitation workers will co-operate with the Veterans Reemployment Service in assisting the disabled veteran to secure work in a field in which his handicap will not interfere with his holding a job.

Pine Lake Camp

An interesting development in state rehabilitation programs has been the opening of Pine Lake Camp, near the city of Battle Creek, Michigan, conveyed to the state through the generosity of the Kellogg Fund, and operated by the Michigan Office of Veterans Affairs by the Board of Control for Vocational Education. The camp, representing an investment of \$470,000, con-

sists of 31 land and 500 lake acres and is equipped with administration building, recreation hall, mess hall, kitchen, lounge, and library and school facilities, and has housing facilities for 250 veterans.

At the request of the State Office of Veterans Affairs, the administrative board recently released \$45,000 for the immediate construction of a vocational training school building on the camp property. In this building will be housed \$50,000 worth of training machinery released by the Federal Government for instructional purposes. Here the veteran will learn machine-shop practice, cabinetmaking, boatbuilding, arc and gas welding, draftsmanship, and watch and clock repairing. In the other classrooms will be taught typing, stenography, office practice, cooking and baking, and landscape design.

Pine Lake Camp is designed for those veterans with 10 per cent or less physical disability who are presently ineligible for rehabilitation at Federal expense. An infirmary staffed by physicians, psychiatrists, and nurses will carefully rebuild the veteran both mentally and physically. Boating, fishing, skating, and supervised athletics will round out the program.

Colonel Philip C. Pack, director of the Office of Veterans Affairs, describes the purpose of Pine Lake Camp as being to "bridge the gap between military and civilian life. . . . There will only be two bugle calls—taps and mess call—and discipline will be kept at a minimum compatible with good management."

RE-EMPLOYMENT PROVISIONS

The states have given particular attention to the re-employment of veterans, with special regard to the disabled.⁴ Many states, of which Con-

⁴ See Sumner H. Slichter, "Fitting the Vet-

necticut is illustrative, have created re-employment commissions charged with responsibility for collecting pertinent factual information and stimulating and correlating state and local activity pertaining to the employment of returning veterans. In New Jersey the Bureau of Employment and Education has been organized to administer employment and educational services. The employment program involves voluntary commitments by employers throughout the state to participate in a plan of veteran preference in private re-employment, and provides for quotas of veterans to be employed by each of the participants. The plan also calls for the classification of disabled veterans in occupations for which they will not be handicapped, and for priority over the able-bodied in such occupations. In response to requests from employers this bureau also refers qualified veterans, with preference to the disabled.

Vocational retraining of disabled veterans is valuable primarily in relation to the opportunities which individuals have to secure employment for their new capacities. Although experience has demonstrated that handicapped workers are in general less liable to accidents than others, the laws of some states impose additional liability on an employer where injury further incapacitates an already disabled individual. An injury such as the loss of an arm, which to a normal person would be only partially disabling, in the case of a person who had already lost one arm might result in total disability. Some states have attempted to encourage the employment of these handicapped workers by creating a "Second-Injury Fund" which is liable for the additional compensation re-

quired by the combination of first and second injuries.

In connection with the "Second-Injury Fund" provision, the state of Rhode Island established in 1943 a curative center which, although designed to provide constructive medical treatment for disabled workers generally, may prove to be of great value and assistance to disabled veterans who may not be eligible for Federal medical assistance. This center is to provide physical therapy, psychotherapy, and occupational therapy, making available to qualified injured workers all possible modern curative treatment and methods under the supervision of medical experts and after consultation with the worker's own physician.

A suggested Second-Injury Fund Act has been prepared by the drafting committee of the Council of State Governments and will be considered by many state legislatures convening in 1945.

MEDICAL CARE AND HOSPITALIZATION

A second, or physical, approach to the reintegration of the disabled veteran is through medical assistance and hospitalization. As has been observed, medical assistance for veterans with nonservice-connected disabilities has been provided in many states through vocational rehabilitation services. Recognizing that medical care for veterans is primarily a national responsibility, the states have not undertaken to duplicate Federal provisions and facilities, but rather to bridge the gaps that may exist in Federal legislation, to co-operate with Federal agencies, and to do those things that the states can do best.

In many states an expansion of hospital facilities is being carried on with the co-operation and at the recommendation of the Veterans Administration. In the 1944 special session, the General Court of Massachusetts ap-

eran into Industry," *State Government*, Vol. XVII (Dec. 1944), pp. 462-64.

appropriated \$750,000 to construct a 200-bed addition to the Chelsea Soldiers Home. In the state of Oklahoma a hospital is operated primarily for tubercular veterans and for disabled veterans to the extent that facilities are available. Minor dependents of such veterans may be housed in a separate wing to be operated in connection with the hospital. Separate buildings at Central Oklahoma State Hospital are used exclusively for veterans. A new aspect of veterans medical aid results from the entrance of women in large numbers into the armed forces. In Illinois expenditure of \$375,000 for a new women veterans hospital has been proposed.

NEUROPSYCHIATRIC TREATMENT

A major distinction between the provisions for veterans of the First and Second World Wars lies in the greatly increased attention now being given to neuropsychiatric disorders. Great advances in neurology and psychiatry in the years between the wars has made possible the recognition, diagnosis, and treatment of nervous disorders that previously escaped attention or for which no adequate therapy existed.

Neuropsychiatric treatment is a definite part of many state rehabilitation programs. In the state of Delaware, the Mental Hygiene Clinic associated with the Delaware State Hospital and the Psychiatric Observation Clinic will provide psychiatric diagnosis and treatment for discharged veterans. In Michigan the State Office of Veterans Affairs has undertaken the establishment of neuropsychiatric clinics in ten Michigan cities. The co-operation of local physicians and counselors is being sought so that the state program may be correlated with local plans. The state of Illinois has established a Veterans Rehabilitation Center in Chicago for the special purpose of diagnosis and treat-

ment of World War II veterans suffering from nervous disabilities, and five additional centers have been planned for other parts of the state. Dedicating the Chicago center, Governor Dwight Green declared:

Our concern as we dedicate this Center is not only for those who have borne the battle on the fighting fronts. The psychological effects of war are not limited to the battle zones. This is a war of nerves as well as guns, and its impact has been felt by many servicemen and women far removed from the front lines. So, just as we recognize that a service disability can be mental as well as physical, we also recognize that our veterans thus disabled, no matter where they served, are as much a part of our problem of human reconversion as those physically disabled in battle.

We rejoice that the science of neuropsychiatry, in keeping with other branches of medicine, has developed effective methods of diagnosing and treating the disturbed personality that frequently results from military service. It is our purpose at this Center to bring the best skills of that science to the aid of our veterans who have suffered this form of disability. There are few places where the medical profession, our social workers, our State government, and public spirited men and women of all groups can co-operate for the benefit of our veterans as they can in this Veterans' Rehabilitation Center.

FINANCIAL AND LEGAL ASSISTANCE

In many instances it will be the veteran of most limited financial means that will have the greatest need for the services which the state offers. To assist unfortunate veterans, particularly during intervals pending allotment of Federal grants to which an individual may be entitled, or to provide for certain contingencies not covered by Federal law, a large number of states have created veterans emergency relief trust funds.

Illustrative of such measures is the North Dakota Veterans Aid Commission, to which \$75,000 has been appropriated by the Legislature to provide assistance to veterans who are physically or mentally disabled or incapacitated, during the period when such veterans are waiting for aid from some other agency. A limitation of \$50 a month is placed upon funds to be made available to any single individual. In Wisconsin, medical and economic aid is available to the immediate dependents of veterans under certain qualifying conditions. These provisions for financial assistance are helpful in relieving anxiety on the part of the disabled veteran for his dependents during the period in which he is awaiting action on Federal or state claims. Nearly every state provides legal assistance to veterans in the prosecution of Federal and state claims.

INFORMATIONAL SERVICE

The foregoing provisions to assist in the reintegration of disabled veterans are useful only to the extent that full and accurate information about them is made available to the individuals concerned. All states have endeavored to provide full and readily accessible information and advice to veterans respecting their rights and benefits. State and local information centers have been created, usually under the direction of

state veterans agencies or the state veterans service officer. Most states have published compilations of veterans laws and many have summarized existing Federal and state legislation in attractive, well-indexed pamphlets which veterans receive upon discharge from the armed forces or upon return to their state of residence.

SUMMARY

In supplementing and strengthening Federal provisions for the readjustment of the disabled veteran, the states are performing a significant function in the American tradition of co-operative government. The states generally have organized their participation in veterans affairs on a continuing administrative basis and have dovetailed their services with the programs of the Veterans Administration and the armed forces. State legislation has recognized and encouraged active assistance to veterans at the local community level and has characteristically organized state veterans agencies on the basis of statewide community action. Specific state services have been provided for those disabled veterans not covered by Federal legislation, but the effective organization and correlation and strengthening of existing facilities and services within the states form perhaps the most important state contribution to this important problem.

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Army Air Forces Convalescent Training Program

By HOWARD A. RUSK and EUGENE J. TAYLOR

WE ARE having an opportunity in the armed forces to carry out one of the greatest clinical studies ever attempted in rehabilitation and convalescent care. Our total numbers of cases have run into the thousands, our controls have been reasonably constant, our opportunities for clinical observation have been unlimited, and our results have been most interesting. They have shown us that any program designed to give the patient maximum treatment and opportunity to return to civilian life as a self-respecting, self-sustaining citizen with a community contribution to make, must, to be successful: (1) treat the whole man, regardless of what his needs may be; (2) treat the patient as an individual; and (3) be early, continuous, and progressive from the earliest possible moment following acute illness or injury until maximum possible benefits have been received. It is upon these premises that the Army Air Forces has built its plan for the treatment and management of its sick and wounded.

ORIGIN OF THE PROGRAM

The Army Air Forces Convalescent Training Program had its inception in 1942. In those dark and uncertain days, every man-hour was unbelievably important. Radio schools, mechanics schools, and flying schools worked twenty-four hours a day, seven days a week. It was necessary in that critical period for every man to pull his share of the load. Yet, with this tremendous emphasis on manpower, thousands of patients sat around in military hospitals waiting for time to complete their convalescence. Their definitive medical care had been completed and now they had nothing to do but sit and

wait. That waiting turned into long periods of boredom as they read comic books and adventure stories and did nothing to aid either themselves or the Army Air Forces. It was to convert this wasted time into useful, purposeful activity that, in December 1942, at the direction of General H. H. Arnold, Commanding General of the Army Air Forces, the Air Surgeon, Major General David N. W. Grant, initiated the AAF Convalescent Training Program in all Army Air Forces hospitals. Since that time, over sixty million man-hours of physical and educational training have been given—sixty million man-hours of purposeful activity which would have otherwise been wasted.

Designed originally for the precombat sick soldier, the program has a dual mission: first, to send the soldier-patient back to duty in the best possible physical condition in the shortest possible time; second, to teach the soldier-patient something that will make him a more efficient and more effective fighting man. Under this plan, physical activity and military education have become as much a doctor's prescription as drugs and diet. Muscles are not permitted to atrophy, for reconditioning exercises start the moment the acute illness or surgery is terminated. Minds do not become stagnant, for time is spent purposefully. The classroom has been moved into the wards, and training films, chemical warfare classes, radio code, practice periods, and discussions on why we fight and the postwar world have become an integral part of the hospital day. Radios, carburetors, and even airplane engines have been brought into the wards and sunrooms. The hospital has been transformed into a combination

gymnasium, schoolroom, machine shop, and New England Town Hall.

RECONDITIONING

Early in the program it was noted that obtain maximum results, reconditioning had to start at the earliest possible moment following acute disease or injury, and it had to be purposeful and progressive, starting with bed exercise taken ten minutes twice daily and gradually increasing to four or five hours a day of physical activity. Special corrective exercises were designed to meet the military needs, and experienced physical training instructors were assigned to administer them. Ward fatigue and detail work were correlated with the soldier's disability as aids in functional recovery. Men with hand, finger, and wrist injuries were given fatigue duties that involved finger and hand manipulation, while those with back or knee injuries were given duties which aided in their recovery by strengthening the affected parts.

A special booklet,¹ which illustrates in simple GI language the disability, the types of exercises needed, and the purpose of the exercise, was designed. Medical terminology was presented in lay terms, and the soldier-patient was told not only "what" and "how" but also "why." A similar booklet² was prepared for the physical training instructor in order that he might administer these special exercises so that maximum results would be attained.

Another publication which is meeting with widespread approval is the crutch-walking handbook.³ Unique in

its presentation, this booklet deals with the functional aspects of walking with the use of aids. It first gives the patient a brief psychological orientation as to his disability and then proceeds to demonstrate objectively through the use of illustrations and charts, the factors involved in walking with aids, the muscles which must be utilized and therefore strengthened to use walking aids effectively, the technique and gaits of walking, practical hints on the care of the aids, and—most important—in-sight and motivation.

RESULTS ACHIEVED

During the thirty months that the Army Air Forces Convalescent Training Program has been in operation, there have been some interesting and rather significant results. Some of these are: (1) hospitalization time has been shortened; (2) hospital readmissions have been reduced; (3) sick leave has been practically eliminated except in extraordinary cases; and (4) the morale of the soldier-patients has been immeasurably improved, for they have been kept interested and busy in purposeful activity.

A number of interesting clinical studies have been made. Van Ravenswaay and associates⁴ studied 645 patients with virus pneumonia, treated in one acute ward. They were then assigned to alternate convalescent wards. In Ward I, "nature was permitted to take its course": men sat around and went back to duty when they and the medical officer felt that they were able. In Ward II they were kept in bed until their sedimentation rate had reached 10 mm. in one-half hour, and then they were put in a reconditioning

¹ AAF Manual No. 23, *Handbook of Recovery*, New York: Army Air Forces, Training Aids Division, 1944.

² AAF Manual No. 24, *Instructors Manual for Physical Retraining*, New York: Army Air Forces, Training Aids Division, 1944.

³ AAF Manual No. 49, *Let's Walk*, New York: Army Air Forces, Training Aids Division, 1945.

⁴ Arie C. Van Ravenswaay, et al., "Clinical Aspects of Primary Atypical Pneumonia," *Journal of the American Medical Association*, Vol. 124 (Jan. 1, 1944), pp. 1-6.

program, with beginning exercises for one-half hour the first day, increasing progressively until the twelfth day, when the patient was participating in a full six-hour day of physical training, mass games, competitive sports, and active recreation, including a ten-mile hike. Group I averaged forty-five days of hospitalization, with a 30 per cent recurrence rate; Group II was discharged to duty at the end of thirty-one days, with but a 3 per cent recurrence rate.

Spot checks in various hospitals have shown readmissions reduced as much as 25 per cent when men are sent back to duty in better physical condition. The period of convalescence in certain acute, infectious, and contagious diseases has been reduced 30 to 40 per cent. One hospital reported a reduction from 18 to 11 days in patients with measles and a drop from 33 to 23 hospital days in convalescents with scarlet fever.

Early in the operation of the AAF Convalescent Training Program it was noted clinically that orthopedic patients requiring fixation of a specific member did not, if kept in top physical condition generally, show the usual degree of muscular atrophy in the fixed part, and that when the cast was removed they could be reconditioned to duty in approximately one-half the normal time. This has saved a tremendous number of noneffective man-hours for the Air Forces.

Some five thousand patients of all types have been studied on their day of discharge from AAF hospitals with the standard AAF Physical Fitness Test, consisting of chin-ups, sit-ups, and running against time. These patients averaged approximately 3 per cent better scores than the average made by troops on duty status at the same bases. It is felt that this is evidence of the fact that, following the hospital's Convales-

cent-Reconditioning Program, men are being returned to duty ready for duty.

TEACHING PROGRAM

The second aspect of the AAF Convalescent Training Program for the precombat soldier-patient is a teaching program designed to increase his military knowledge and make him a better soldier. The educational program is designed to meet the needs of all special types of Army Air Forces installations. In basic training centers, the emphasis is on self-protection, gas warfare, camouflage, booby traps, map reading, care of equipment, and medical aid. All types of training, orientation, and morale films are used daily. Training aids, visual aids, and handicraft, with model airplanes, tanks, ships, and camouflage nets, have proved of excellent educational and corrective therapeutic value.

Special classes have been organized both for teaching men educationally retarded and for giving instruction in subjects such as mathematics and physics for patients scheduled to take later aircrew or technical training. A daily summary of current affairs and an orientation course in military geography are part of all curricula.

In the technical schools the program is modified to meet the special needs of the patients. At the radio schools, special code receiving sets and sending keys have been placed in the hospital wards so that men may continue to increase their skill even while in bed. During certain periods of the day the wards are blacked out and the men send and receive blinker code from bed to bed. Formerly it was noted that men would lose their code speed after a week without practice. Now our patients are leaving the hospital with maintained and in many cases increased speed.

In the hospitals serving the flying schools and tactical units, geography,

geopolitics, airplane identification, reptile-insect-pest control, arctic and tropical medicine, and field sanitation are the subjects stressed. Medical officers have designed a series of patient-doctor talks to give the men a knowledge of the symptoms, the cause, the treatment, and the prevention of various tropical diseases. This has been of tremendous help in orienting these soldiers to their new environments and allaying the fear that naturally comes when going into unfamiliar surroundings.

TO MEET POSTCOMBAT NEEDS

Observations of the medical, physical, psychological, vocational, and social needs of men returning from overseas combat brought about a realization that the Convalescent Training Program as carried on in AAF regional and station hospitals was not designed to meet these specialized needs, and special AAF convalescent hospitals were activated on September 18, 1943. Originally known as convalescent centers and subsequently renamed convalescent hospitals, they were at first attached to existing operating facilities; but as the increased need and desirability of operating such facilities as independent units became apparent, the convalescent hospitals were relocated, often taking over entire Army posts.

The latest in physical rehabilitation techniques, the use of prosthetic devices, the teaching of factors inherent in daily living and of skills needed by those who have physical and psychological wounds are available. All personnel have been carefully selected on the basis of experience and demonstrated ability, and many have taken special courses at the Institute for the Crippled and Disabled in New York City and at seminars conducted by the Office of the Air Surgeon and the AAF Personnel Distribution Command.

Patients are admitted to these hos-

pitals from Army Service Forces general hospitals, from AAF regional and station hospitals upon completion of definitive medical care, directly from airports and seaports of debarkation, and from AAF redistribution stations if in need of rehabilitation.

Operated by the AAF Personnel Distribution Command, these hospitals provide convalescent training programs designed to meet the needs of the whole man, whatever they may be. Each patient is assigned to a personal physician who becomes his "family doctor" for the period of his hospitalization. This personal physician has a paramount place in the AAF convalescent hospital. He is the captain of the team of medical specialists, physical therapists, educators, athletic trainers, occupational therapists, social service workers, personal counselors, and vocational guidance experts, and, as such, integrates their efforts in the treatment of the whole man.

Every skill and effort are centered on the task of reconditioning as many men as possible for further military service, in the following sequence of possibilities: (1) return to an AAF assignment in original military occupational specialty; (2) return to an AAF assignment in a new military occupational specialty compatible with civilian and military education and experience and physical conditions; (3) return to civilian life as self-sufficient individuals, both socially and economically; (4) discharge to the Veterans Administration.

EDUCATIONAL AND AVOCATIONAL OPPORTUNITIES

For the soldier-patient who is to return to duty status, there is an intensive program of physical rehabilitation, educational retraining and psychological readjustment and resocialization. Men are brought to the peak of physical fitness through competitive team play,

progressive and graduated calisthenics, and active recreation, which includes athletics, bicycling, horseback riding, fishing, swimming, hiking, and skiing. Military training is provided for further specialization in the majority of military occupational specialties applicable to the AAF. In addition to class and individual instruction in such subjects as administration, clerical training, supply, teletype operation and repair, radio code, graphic arts, navigation, Link Trainer, gunnery, aircraft mechanics, automotive repair, canvas and leather work, electricity, aircraft instrument repair, machine-shop practice, photography, radio operation and repair, sheet metal work, welding, and woodworking, practical experience is provided by "on the job" training in these subjects.

Patients also have opportunities to enroll in numerous academic classes, shop classes, and hobby groups. Through the United States Armed Forces Institute and nearby local educational institutions, many of these courses can be taken for high school and college credit. At the Army Air Forces hospital at Santa Ana, California, the program, in conjunction with the Santa Ana Evening High School, has graduated over seventy boys, including five with combat experience, with high school diplomas certified by the state of California. Many of these boys lacked only one or two units for high school graduation and were able during hospitalization to take "stepped-up" courses which met the state requirements.

At the AAF Convalescent Hospital at Fort George Wright near Spokane, Washington, extension courses are offered in the hospital by Eastern Washington College of Education with credit authorized and transferable. Officer and enlisted instructors who were civilian teachers have been accredited by the State Department of Education.

They offer such diversified courses as Italian, economics, Spanish, United States history, business machines, general psychology, seventeenth-century literature, introduction to fiction, French, European history, German, English, and shorthand on the college level, with classes in calculus, general mathematics, algebra, Spanish, trigonometry, physics, English, American history, shorthand, and business machines on the high school level.

Journalism, radio broadcasting, dramatics, art, handicrafts, and many other avocational activities are more than diversional in that they provide the media, along with well-rounded and complete recreation programs, for psychological adjustment and resocialization. At the AAF Convalescent Hospital at Pawling, New York, full evening Broadway plays are presented at regular intervals in conjunction with the Drama Department of Vassar in nearby Poughkeepsie. The association of these psychologically and physically wounded men with college girls in the rehearsals and presentation of such plays contributes immeasurably toward getting these men to view their disabilities objectively and to become readjusted to normal civilian life. At Denver, Colorado, the Fort Logan Players, composed of hospitalized patients, have made a definite contribution to the community life of that city with their frequent presentations. The choral group from that hospital likewise participates regularly in civic music projects and concerts.

Radio programs are produced over hospital sound systems for local consumption in most AAF hospitals, as over 90 per cent have sound systems and transcription playback facilities, and in numerous hospitals, regularly scheduled broadcasts over civilian stations provide an excellent medium of activities for patients. "This is Paw-

ling" and "Pawling on Parade" have been on the air from Poughkeepsie and New York stations for nearly a year.

RESOCIALIZATION

A well-rounded and diversified program aimed at psychological readjustment and resocialization is of prime importance when dealing with patients returning from combat theaters. Any man returning from combat must make a great adjustment, both physically and emotionally. Most of these men are fatigued to the nth degree, both physically and mentally. They must have sufficient time and understanding care during this period of human conversion from a wartime to a peacetime status.

When a man enters the Army he is thrown into an entirely new environment and loses contact with many of the social institutions which have been controlling factors in his behavior. When he leaves this country to enter a theater of operations, because of military necessity the distances involved reduce even further his contacts with these stabilizing factors. The Army has done a splendid job in keeping the man in combat linked as closely as possible to the home ties. Our improved mail systems, communications, orientation programs, wide use of movies, and similar factors have made home seem much closer to the fighting man of today than to the soldier of twenty-five years ago. But Aachen, Leyte, and Bologna are not Cleveland, Pasadena, and Kansas City. The environment is different, the life is different, the daily objectives are different, and it only follows that a man's thinking, behavior, concepts, ideas, and values are different.

When a man is wounded in combat and goes to the hospital, there is usually a temporary psychological relief, even though his wounds may be serious, due to the fact that he is alive and is out of combat for the present, at least.

However, new problems present themselves—problems that involve his whole future. He loses contact with the men with whom he has lived and fought in close association, the men who have to a large degree replaced his civilian associates. Regardless of the fine medical care that the casualty receives, he is changed by his Army experiences; he is a different man from what he was before combat, different from what he was before he was wounded. He is not necessarily a psychiatric casualty; his mental and moral fiber may be as tough as or even tougher than before; but he has been out of touch with the normal activities of his civilian life. The restoration of those attitudes, habits, values, and concepts accepted by American society must be part of his medical treatment.

By providing the soldier-patient with a laboratory of opportunity through physical reconditioning, educational-avocational pursuits and recreation, he will regain those traits compatible with normal behavior patterns. By stimulating interest and motivating the patient to participate in such activities, his center of interest is transferred from himself to the activities in which he is participating, with resulting adjustment and resocialization.

A special program has been developed in the AAF for combat casualties suffering from operational fatigue. As an adjunct to this definitive psychiatric care, the AAF Convalescent Training Program has proved of value in the emotional adjustment of these patients through a program of planned physical activity, competitive sports, and non-concentrative types of teaching. The great majority of men suffering from operational fatigue so treated are returning to duty in the AAF.

For the men who are to be separated from the service there is—in addition to the physical reconditioning, educa-

tional training, psychological readjustment, and resocialization opportunities—a complete program of vocational guidance based on achievement, aptitude, and functional testing and interests determined by a series of short work experiences. In these short work experiences, under a staff of experienced vocational instructors, the patient has an opportunity to participate in a diversified educational program embracing academic subjects, commercial skills, photography, art, woodworking, metal shop, welding, machine-shop practice, automotive repair, and a host of similar fields. The man learns not only what he likes to do but what he is able to do, both in terms of ability and in terms of any handicaps he may have. This information is correlated by a skilled vocational counselor with the job opportunities in the field chosen, and the patient, upon discharge from the hospital, has a complete, objective, vocational profile.

THE OBJECTIVE

The philosophy and principles of the Army Air Forces program of rehabilitation and convalescent care can best be summed up by the words of General H. H. Arnold, Commanding General of the Army Air Forces, at the First Anniversary Celebration of the AAF Convalescent Hospital, Pawling, New York.

Our aim in these hospitals is to take

each casualty, whether physical or psychological, and restore him to a full and competent place in the Air Forces or to return him to civil life in such condition that the disability which he suffered will not be disabling. Our aim is to return him completely self-respecting and self-sustaining, able to think and fend for himself and able to contribute his full share to the society in which he lives.

This is the goal we have set for ourselves in these hospitals, what we are doing with notably successful and encouraging results: we turn out a man physically as strong as possible, with his philosophy reconciled to the specific problems of his life; vocationally pointed toward an endeavor for which he is adaptable, especially well qualified, and physically capable; proud of himself, of his service in the Army, and just as proud of his victory in the battle of illness, from which he has just emerged, as he will be of his part in our victory over the Germans and Japs. . . .

I have said time and again, "The Air Forces takes care of its own." We have a great responsibility to our people in the AAF. We have taken the best men we could find and molded them into a fighting team, taught them to destroy our enemies in order to preserve democracy. Our mission isn't completed when we drop the bombs on the objective or shoot down a Jap or Nazi plane. It is not completed until our men, through with combat, are restored to noncombat society, whether in the Army or in civilian life, in the best condition it is humanly possible to make the whole man.

Howard A. Rusk, Colonel, Medical Corps, is chief of the Convalescent Training Division, Office of the Air Surgeon, Washington, D. C.; Fellow of the American College of Physicians; and member of the Baruch Permanent Committee on Rehabilitation, and received the American Design Award for work in the field of rehabilitation, 1944.

Eugene J. Taylor, Second Lieutenant, Medical Administrative Corps, is chief of the Educational Branch of the Convalescent Training Division, Office of the Air Surgeon.

"Start Climbing, Soldier!"

THE ARMY PROGRAM FOR REHABILITATING CASUALTIES

By WALTER V. BINGHAM

THE program of reconditioning and convalescent training in hospitals for troops of the Army Ground and Service Forces, like that described in this issue of *THE ANNALS* by Colonel Rusk and Lieutenant Taylor of the Office of the Air Surgeon, undertakes to fulfill two obligations. One is to the Nation, the other to the individual who is recovering from injury, illness, or exhaustion.

The Nation at war insists that its resources of manpower be conserved and used to the full to win prompt military victory. Therefore the Army aims to prepare for combat duty at the earliest practicable moment the maximum number of hospitalized troops, and to reclaim for limited duty those who, after recovery, can perform only less strenuous though essential tasks. The others—those whose disabilities make it no longer possible for them to contribute directly to the effective functioning of the military machine—must be helped to attain their highest possible level of physical and mental fitness before going home to re-establish themselves in a nonmilitary setting. How does the Army meet these obligations to the Nation and to the convalescing soldier?

FACILITIES

The Army Service Forces now maintain in this country 65 great general hospitals and some 155 regional and station hospitals. These installations provide medical, surgical, and psychiatric treatment as required, and from their wards a large proportion of the patients, after a relatively short convalescence, are able to rejoin their units. But some take longer to re-

gain their full strength and endurance. In particular, casualties returned from combat zones by sea or air frequently need several weeks of reconditioning after medicine and surgery have expertly done their part to redress injury and banish disease. In order to speed up the later stages of recovery and at the same time to forestall crowding in general hospitals, eleven vast convalescent hospitals have been established. At least one of these is located in each service command, for the Army wants its disabled soldiers to spend their period of reconditioning as near their homes as is practicable.

For rehabilitating soldiers with certain disabilities, special hospitals have been designated. Three of them provide expert care and instruction for the deafened. The blinded—fortunately not a numerous group—go to one of two hospitals for medical care and the beginnings of rehabilitation. Then, at a special facility in Avon, Connecticut, they spend whatever time is needed to acquire the personal habits and skills of useful, self-reliant members of society who ask no pity, no sentimental coddling. Six general hospitals make special provision for training men with amputated members. Here are therapists expert in preparing a soldier to use an artificial hand or other prosthesis and in helping him over the hump of social readjustment imposed by his handicap. Neuropsychiatric casualties recovering from exhaustion, battle fatigue, or other severe stresses—a numerous category—also find in designated hospitals the therapy, rest, and occupations suited to their individual needs. For expert treatment and re-

conditioning of soldiers convalescing from tropical diseases, Moore General Hospital is unique.

This institutional specialization might suggest that the Army focuses the spotlight on the disability rather than on the soldier as a person; but this is not the case—quite the contrary. In a forceful editorial about the reconditioning program, Major General Norman T. Kirk, The Surgeon General, reminds all his hospital superintendents that "treatment of the whole patient, watching closely his progress, encouraging him to participate, taking pride in his mental as well as his physical progress, is an essential of good medical care." And the General adds that "reconditioning is not a specialized function to be performed between certain hours. It is the duty of all the staff all the time."¹

A staff of specialists is a team. Its members work together, captained so far as an individual soldier is concerned by the doctor to whose care he has been entrusted. The doctor calls on his teammates as need arises for expertness in educational or physical reconditioning, or occupational therapy; in clinical or occupational psychology; in social work; or in personnel classification and assignment. To find these specialists, assemble them, train them, weld them into teams which pull together to help each soldier in his upward climb toward rehabilitation—this has been the herculean task of the Army reconditioning and convalescent training program.

WHAT CONVALESCENT SOLDIERS DO

A convalescent facility is quite unlike an ordinary hospital. Viewed from one angle it looks more like an athletic training camp, with running tracks,

obstacle courses, and all the paraphernalia of an outdoor gymnasium. In other aspects it resembles rather a college, a group of craft shops, a cluster of debating societies, a country club, a public library, a vocational guidance institute, a vacation resort, or one of those health gymnasiums where businessmen exercise and sweat and are messaged and take a plunge in the pool. Provision is made for an amazingly wide range of activities which have proved their worth in the Army's program of reconditioning and convalescent training.

A visitor to one of these installations might see, for instance, three soldiers with legs still in casts learning to read and talk a little Cantonese. As aids they have some phonograph records and a manual that takes the place of an instructor. They are learning what the Chinese characters look like, and hearing the words too. Should they decide that it is more important to know Russian, Spanish, Icelandic, or French, they can procure the kit for use in studying this or any one of thirty-eight foreign languages.

Nearby, a bronzed tank-maintenance man, still weak from a recent pneumonia, is poring over a *Manual of Blue-Print Reading*. Yonder in the corner of a sunroom is a wounded officer leading a bull-session on current news. The group is following the progress of the war by reference to special maps prepared by the Orientation Branch.

You notice that on the library shelves are some of the late best sellers. In an adjoining room a group of soldiers is draped around a piano, singing songs from the current monthly *Hit-Kit* and tuning up in readiness to go on the air at the time of the next radio show. Movies, educational and recreational, are being shown in several of the wards.

Some of the convalescing soldiers are seriously concentrating on a course of

¹ Bulletin of the U. S. Army Medical Department, No. 85, Feb. 1945.

study called "Introduction to Forestry," which happens to be one of three hundred subjects in which instructional materials are made available by USAFI, the United States Armed Forces Institute. When a man feels like tackling such a serious mental pursuit, he not only has the USAFI catalog to thumb through; he may call on an educational counselor to discuss various possibilities in view of his background, interests, and plans; for educational reconditioning is one of three main strands in the Army program. The others are physical reconditioning and occupational therapy.²

PHYSICAL RECONDITIONING

There are four levels of physical condition to which the convalescing soldier attains after he starts climbing back to full health, strength, and vigor. While he is undergoing direct medical or surgical treatment and is still confined to his bed, he is said to be in Class IV. Even during this period, suitable calisthenics and vigorous exer-

cise of uninjured members are frequently prescribed to speed the healing processes and to promote the patient to Class III, ambulatory, in a stronger condition than if his muscles were allowed to become flabby while he lies quiet week after week.

The convalescent's full effort and cooperation are secured by encouraging him to measure his own progress from day to day and to keep a record of it. He competes with himself. If he can do seven counts on an arm exercise on Monday, he tries for eight counts on Tuesday. Although still in bed, he does each prescribed act as many times as he can, knowing that the most benefit comes when the exercise is carried to the point of fatigue. This overload principle of muscular development, well known to athletes and coaches, is early explained to the soldier, who commonly recognizes its merits and benefits from its application. This is one of the distinguishing features of the current reconditioning program.

Once the convalescent is up and about, he does ward exercises and also takes part in outdoor and indoor games: softball, volley ball, deck tennis, table tennis, badminton. The doctor fits the soldier's exercises to what he can take. As long as he continues to receive medical treatment he remains in Class III, graduating into Class II when, although still a little weak, he can again take up the routines of a soldier in training. Promotion to Class I comes when he is strong enough to spend eight hours a day strenuously toughening up in order to go back to his outfit.³

Obstacle courses in the outdoor gymnasium, graduated in difficulty, are useful mainly in reconditioning men who will soon be ready to return to

² *Educational Reconditioning*, War Department Technical Manual TM 8-290; *Occupational Therapy*, TM 8-291; *Physical Reconditioning*, TM 8-292; Washington: Government Printing Office, 1945. See also *Treatment Program for Psychiatric Patients in Station and General Hospitals*, War Department Technical Bulletin, TB Med 84, 1944. An up-to-date bibliography entitled *Rehabilitation of the Disabled Serviceman* has been issued as Bull. No. 162 of the Russell Sage Foundation Library, New York, Nov. 1944. Among recent treatises, reference may be made to the following: Rudolf Pintner, Jon Eisenson, and Mildred Stanton, *The Psychology of the Physically Handicapped*, New York: Crofts, 1941. M. E. Frampton and H. G. Rowell (Eds.), *Education of the Handicapped*, Vol. I: *History*; Vol. II: *Problems*; New York: World Book Company, 1938-40. J. E. Davis, *Principles and Practice of Rehabilitation*, New York: Barnes, 1943. W. B. Doherty and D. D. Runes, *Rehabilitation of the War Injured: A Symposium*, New York: Philosophical Library, 1943.

³ *New Horizons*, War Department Pamphlet No. 21-17, Washington: Government Printing Office, 1944. Given to each convalescent soldier.

their units. A physical fitness test and a march of several miles further determine readiness for full military duty.

OCCUPATIONAL THERAPY

If you should see a soldier sitting up in bed putting together a radio or knotting cords to make a net or tooling a leather wallet, you would be rash to conclude that this is just busywork to keep his mind off his aches. What he is actually doing is regaining mastery of a particular set of muscles—getting control again of an injured wrist or arm.

You might see several convalescents modeling figures in clay—a fish, a boar, a bull, a human bust—because the pliant clay gives just the right resistance to damaged fingers, or because those motions are needed to develop co-ordination after nerve injury.

Some occupational activities are chosen because they have diversional values and perhaps vocational also, as when a sergeant from Vermont learns fly-tying. He has always been keen about trout fishing. Now, with a tray on which are some feathers, bits of tinsel, a spool of thread, a pair of scissors, and a clamp with which to hold a fishhook, he recalls familiar pools in mountain streams while he learns to make enticing flies, gradually overcomes his clumsiness of hand, and plans the nucleus of a little postwar business in making equipment to sell to sportsmen. His buddy meanwhile is repairing a wooden cabinet, using chisels with extra large handles selected to strengthen his grip.

An obvious principle is that purposeful work—whether avocational or vocational—aids convalescence. Handicraft hobbies such as wood carving, illustrating, lettering, metalwork, and making models, provide welcome recreation as well as occupation. To be sure,

certain necessary exercises for limbering a stiff joint or strengthening a particular muscle group—such as use of the finger ladder, the wrist exerciser, or the ankle disc—yield no secondary values. The occupation, while curative, is not otherwise productive. But the awkward fingers can soon be transferred to a typewriter for further exercising. The soldier who has to practice control of his knee by pedaling a stationary bicycle can move over to a sanding machine where his pedaling furnishes the motive power for polishing a slab of mahogany.

The therapist, explaining his work, may point toward a soldier using a hack saw with a built-up handle "to develop grasp." He remarks apropos of a corporal with his arm in a splint that "light activity helps to maintain finger motion in a right-arm fracture." "Here," he adds, "are some of the useful things these men have produced"; exhibiting a microscope-slide box, a tray, a wooden letter file, a lampstand shaped out of transparent plastic. Then he draws attention to a husky soldier operating an embossograph, making handsome, highly legible signs: "Exit," "Message Center," "Ward Surgeon," and the like. To emboss each letter the man has to exert a good deal of strength against a big lever. "His contracted shoulder muscles are being loosened by that operation," explains the therapist.

Recovery of muscular co-ordination and control of an injured member is the primary aim of occupational therapy, but the program never loses sight of its secondary goals, among which is the acquisition of skills wanted for economic or recreational reasons.

Closely related by-products of these convalescent activities are the recovery of self-confidence and sometimes also the discovery of interests, talents, and vocational opportunities of which the

soldier had not previously been fully aware.

GETTING TO KNOW ONESELF

To explore the reaches of one's potentialities—a privilege to which every young man is entitled—is a peculiarly imperative responsibility of the soldier who has incurred a disability. His purpose is not to convince himself as to what he can't do, but to discover how many things he *can* do, and which of these he most enjoys. This is one reason why the facilities available at Army convalescent training centers include so many different kinds of shops.

Of all the aids to vocational self-knowledge, the occupational tryout is the most revealing. It is the best single adjunct of a sound guidance procedure. This is not said in disparagement of other means employed by Army counselors to help a soldier to an informed self-appraisal. Intimate personal interviews, occupational check lists and interest inventories, books and illustrated pamphlets about jobs, tests of general ability and of certain specific aptitudes, all are available when a man's counselor or his doctor thinks that they would be helpful. Guidance naturally starts with a review of the soldier's vocational assets as reflected in the facts about his experience, education, and achievements. It culminates in a tentative plan for the future. This plan is not a prescription written by the counselor. It is a program worked out by the man himself, with a specialist's help.

To assist convalescents in formulating realistic, sensible goals and plans for their postwar careers is not the only duty of a counselor. He may help to orient the men when they arrive at the hospital, and to digest the basic data required for evaluating their interests, abilities, and needs. He may be called upon to provide psychological

examining and to suggest tentative schedules of educational and prevocational activities. For these reasons he has been selected for this kind of duty because of the kind and quality of his own schooling and experience, and has completed a course in educational reconditioning at the School for Personnel Services at Lexington, Virginia, or a course in separation classification and counseling at the Adjutant General's School at Fort Dix or Fort Sam Houston.

The information accumulated during the weeks of a soldier's convalescent training is brought to bear when a decision must be made as to his military reclassification and reassignment. Finally, if the verdict is that he should return to civil life, the separation counselor helps him to re-examine his personal assets and to take home a clear picture of the occupational and educational possibilities immediately ahead.

At this time the counselor fills out the Separation Qualification Record, Form 100. This sheet succinctly summarizes the soldier's occupational assets of military and civilian skills, knowledge, and experience. It is of special interest to the man's former employer, who is anxious to know the type of work for which the veteran he welcomes back is now best suited. The record is also an introduction to civilian counselors and others to whom the veteran may turn in his quest for the right job or the most advantageous course of training.

THE SOLDIER HIMSELF

In conclusion, it should be clear that the Army's program is one which calls for maximum striving by the disabled soldier. Facilities, stimulation, guidance, encouragement—these the Army furnishes, as we have seen; but only the man himself invests the requisite

drive and determination. The heights he finally achieves are won by his own efforts.

The unit of the program is not a disability. It is a soldier, a person with many capacities in spite of what has

happened. And when the veteran goes back home, it is hoped that the attention of family, friends, and community will be riveted not on the handicap, but on the man and the potentialities he brings.

Walter V. Bingham, Ph.D., Sc.D., has, according to a recent citation by the Secretary of War, "been instrumental in bringing the science of psychology effectively to bear on the Army's problems of manpower utilization" and so has been awarded the Emblem for Exceptional Civilian Service. Since 1940 he has been chief psychologist and chairman of the Committee on Classification of Military Personnel Advisory to The Adjutant General. Among his books are How to Interview (revised 1941) and Aptitudes and Aptitude Testing (10th edition 1942).

The Navy Rehabilitation Program

By GEORGE C. MANN

THE Navy rehabilitation program refits disabled men for further military duty or return to private life as strong, useful, self-sustaining citizens. Winning the war is the fundamental objective in this rehabilitation program, just as it is in every other activity or operation of the Navy, Marine Corps, or Coast Guard. It means a great deal to a man who has made the Navy his career or is fired with intense patriotism to know that an injury received in combat is not necessarily going to put him on the shelf. It is the policy to retrain him in duties compatible with his ability. The statistics on the rehabilitation of the wounded are striking. It speaks well for the skill of the Medical Corps that of 30,000 Navy and Marine Corps wounded up to June 30, 1944, only 433 had to be invalided out of the service.¹

The same fundamental objective is no less real because it is less apparent when the rehabilitation process is in terms of preparation for a useful and satisfying place in civil life in all its phases of employment, home, and society; for the morale of the man on the fighting front is surely affected by his knowledge that the services maintain an active interest in his welfare when the fighting is done. Battles are won on the home front, too; and the attitudes of men returning home, their families, and their friends will determine the fine distinction in the level of morale in the community which may develop the added effort which cumulatively will bring the war to a quicker end.

¹ From Bureau of Naval Personnel Information Bulletin, Jan. 1945.

PLAN OF THE MEDICAL DEPARTMENT

The plan to provide complete medical and surgical treatment and to supplement this with training and welfare services has been underway for several months. In April 1944 the Bureau of Medicine and Surgery established a new branch devoted especially to rehabilitation, and ordered each Naval hospital within the continental limits to appoint one member of the staff as a rehabilitation officer. The Director of this special service, Captain Howard H. Montgomery (MC), USN, has been vitally interested in such a program for many years. He himself writes as follows, what is being done toward the goal of "maximum adjustment":

The basic principles which guide the Medical Department of the Navy in caring for the sick and wounded are simple but comprehensive. All patients are given the best care and treatment that medical science and skill afford and are continued under treatment until they have been cured or have attained the maximum benefit. Every man possible is restored to health and returned to duty with a minimum of time lost from his duties. The time patients must necessarily spend in hospitals is employed in a manner that will contribute most to their post-hospital activity. The maximum assistance practicable toward adjustment to civil life during their period of hospitalization is given to those who must be discharged for physical disability. These, taken together, constitute the Medical Department's conception of rehabilitation.

In this light, rehabilitation is an all-inclusive procedure and not a separate undertaking started at some ill-defined stage in recovery, nor is it one applicable only to some particular type of patient. In order that these principles may be extended

to the care of all patients, a rehabilitation program has been instituted in all hospitals to give attention to the problems of recovery that go beyond treatment of the ailments that brought the patients into the hospitals by affording related non-medical services designed to hasten their convalescence and prepare them for gainful activity after discharge from the hospital. Since these activities and services supplement usual treatment procedures, the time when they may be best undertaken in a particular case, and the ones which will contribute most to the patient's recovery, are governed by the judgment of the medical officer responsible for the individual patient. Although the same activities and services are used for all patients, the ones which are employed and the direction they take in a particular case are gauged by the patient's probable length of hospitalization and the probability of his eventual return to duty or discharge from the service for physical disability.

Physical therapy and occupational therapy are employed in appropriate cases in which these forms of treatment are expected to expedite recovery.

In order that the decline in general physical fitness which accompanies illness and its enforced inactivity may be prevented as far as possible and the patients restored to a satisfactory state of physical fitness during their convalescence, Naval personnel with training and experience in physical education conduct a regimen of graded physical activity based on the recommendations of the medical officer responsible for the individual patients. This regimen is started as soon as the medical officer considers exercise is indicated, usually while the patients are still confined to their beds, and is increased in vigor in step with convalescence so that, by the time the man is ready for discharge from the hospital, he is in a state of physical fitness suitable for his post-hospital activity.

Prior to discharge from the service, all men are fully informed of the rights and benefits provided for them by law, and they are assisted in making claims for those that fit their particular needs. Rep-

resentatives of the Veterans Administration are available in all hospitals to assist the discharges with problems relating to that Administration, and employment service is furnished by representatives of Federal and state agencies for those who desire this assistance.

Special types of disability

A résumé of the Medical Department's care of casualties would be incomplete without mention of three types of disability which require special attention—blindness, deafness, and amputation of an extremity.

Cases of bilateral blindness are cared for in one hospital. Fortunately, there have not been many in the Naval Service. These men are assisted in their psychological adjustment to their handicap, are taught how to live as blinded persons, are given fundamentals of reading and writing Braille, and of typewriting. All of them have the benefit of professional aptitude testing and vocational counseling, and a plan for their future is evolved in co-operation with the Veterans Administration prior to their discharge from the service.

Patients who have suffered loss of hearing within the conversational range are also treated in one hospital. Attention is given to the psychological adjustment which is so necessary in these men, in a majority of whom the loss of hearing has been a sudden occurrence. They are trained in lip reading and in correct habits of speech and are furnished with a hearing aid and taught how to use and maintain it prior to discharge, should such an appliance be indicated.

Patients who have undergone amputation of an extremity are treated in one of two hospitals. In both of these hospitals, any surgery necessary to prepare the stump to receive an artificial limb is conducted and the patients are furnished with artificial appliances, the majority of which are manufactured in the shops of the hospital.

The majority of patients are returned to active service with a minimum loss of adeptness for their duties and in condition to carry on in whatever assignment they

may be placed. Those who are discharged for physical disability are assisted in making a plan for their post-service lives and are given all practical aid toward placing this plan in effect with a minimum loss of time after discharge.

REHABILITATION BARRACKS

The early campaigns produced a good many cases of tropical diseases. This was especially true in the case of the Marine Corps, and resulted in the creation of a special Marine Barracks at Klamath Falls, Oregon, which is an establishment of a completely new type, neither hospital, convalescent home, nor rest center. The men there are not patients and are not so regarded, although medical attention is immediately available. They are Marines who contracted tropical diseases while fighting in the Pacific. Some spent more than a year in various hospitals, although they needed medical attention only at intervals and needed primarily a chance to rebuild their strength. It was an enervating, discouraging experience.

This station was set up on January 18, 1944 under Colonel Bernard Dubel, USMC, and at present 2,700 men are on duty there.² The program combines medical treatment when and if it is needed with the regular duties of Marines anywhere. As fighting men, they keep their hand in. As they regain their old power, the work grows progressively more vigorous until they are taking twelve-mile hikes up the mountains under full pack. Since the first large group of men moved in on May 29, 1944, they have responded so well that the majority of them are going back to service—and for unlimited duty.

EDUCATIONAL SERVICES

The time that a man must spend in a hospital after he has recovered from

² From Bureau of Naval Personnel Information Bulletin, Jan. 1945.

the initial, acute stage of illness or injury, or in regaining his powers at a Marine Barracks like Klamath Falls, can be a period of boredom or it can be put to profitable use. Educational Services is in operation in all hospitals to afford patients an opportunity to make profitable use of this time.

The Educational Services program was created to meet the needs of off-duty education in the Navy. Induction into the Service of great numbers of school-age men and women called for the extension of educational opportunities to those directly involved. These opportunities are offered not only to those who are at hospitals but to all who have an interest in informing themselves as to the causes and progress of the war, in preparing themselves for more effective military duty, or in raising their own educational levels or standards of employability. Many now in the Navy hospital rehabilitation program were taking off-duty education courses for a long time and in many cases are continuing these courses begun in their own program of self-improvement.

In summarizing the work that is being done and its effect on the mental and psychological rehabilitation of many men in the Navy, Lieutenant E. H. Ziegfeld, Officer-in-Charge of Educational Services in the Training Division, has said that the minds of ill and wounded men need healing as do their bodies, and that is the job which this program undertakes. It is found, furthermore, that educational rehabilitation speeds physical recovery. An individual deep in interest in some field related to his future plans and happiness hastens his time of departure from the hospital.

Much of this work must of necessity be conducted on an individual basis. In most hospitals patients are reached

by the Educational Services Officer shortly after their admission, their interests are explored, and a suitable program is worked out which is consistent with their abilities, interests, and vocational desires.

Counseling and guidance naturally occupy a position of major importance in the hospital program, particularly for those who are about to be discharged from the service. Each hospital has been supplied with an extensive file of occupational information so that data can be prescribed for individuals interested in particular fields as to amount of training required, probable remuneration, possible lines of promotion, age limits, physical qualifications, and the extent of opportunity in the field.

A well-equipped hospital has various facilities for prevocational and, in many cases, vocational training. The program which includes electricity, auto mechanics, radio, printing, drafting, gardening, and some of the fine arts, gives each man an opportunity to work and learn. The program is broadened by use of station maintenance shops on the grounds as well as activities in the shops of the occupational therapy building. Frequently personnel are placed in jobs in industry for part-time work before discharge. They receive compensation for this, help to relieve critical manpower shortages, and, most important of all, develop new job skills or refresh neglected ones.

Men wishing to resume an unfinished education program at either high school or college level can enroll in voluntary classes. In addition, numerous colleges and universities offer their own courses at either high school or college level at very moderate cost, one-half of which is paid by the Government.

The Educational Services Officer is acquainted with high school procedure

and advises personnel on the work to be undertaken. For those wishing to satisfy college entrance requirements for special fields, contact is made with the institutions concerned and, based on their recommendations, the necessary work is undertaken.

Instruction at the hospital is carried on by whatever talent the Educational Services Officer finds available. Frequently he makes use of skilled patients, personnel and corpsmen with special qualifications. In all good-sized Naval units there are men with teaching experience who are willing to help. Local teachers are often willing to spare the time for evening courses at the hospital.

When the patient of whatever category has a job as his goal at the end of hospitalization, the Educational Services Officer uses ingenuity to arrange a program that will begin immediately. The man can learn some things while still a bed patient; they should fit in with the things he is to learn on becoming ambulant. Medical officers feel that the interest engendered by such a constructive program contributes to a speedier physical recovery.

READJUSTMENT TO CIVIL LIFE

The establishment of the Rehabilitation Division at Headquarters, Marine Corps in November 1943 and the Civil Readjustment Program in the Bureau of Naval Personnel in the Navy in April 1944 was the answer of these services to the persistent challenge confronting the Nation of how to handle with justice and consideration the problems of readjustment to civilian life of the thousands of men even now returning from the armed forces who have served faithfully and sacrificed much.

In a number of rehabilitation offices throughout the country, such as those at San Diego, California, and Great Lakes, Illinois, the Marine Corps is op-

erating the rehabilitation program not only to carry out what it believes is its moral responsibility to prepare its men now returning to face the difficult task of civilian readjustment with understanding and assurance, but also to perfect its procedures in preparation for the greater number of men who will be returning in the final period of general demobilization.

Here the Marine Corps rehabilitation officers and their assistants in one or more predischARGE interviews provide Marines about to be discharged with advice concerning their rights, privileges, and duties as veterans and any counseling in personal or vocational matters which may be desired by the Marines. Certain tests are available to aid in counseling if need for information not provided in service records is demonstrated. A report of separation is accomplished for each dischARGEe and copies distributed as a notification of the dischARGE to the various Federal agencies concerned in assisting in the readjustment process.

The Navy, too, is performing its civil readjustment functions in all Naval activities in continental United States that effect discharges by personnel designated for that duty. Certain definite aids have been worked out to assist the returning veteran. At the time of the personalized "exit" interview which every man will have before he leaves the Navy, he will have in his possession four important documents: (1) his dischARGE certificate; (2) a Notice of Separation which details his Navy record, his Navy education, his civilian education, his pre-service employment record, and other vital data which will identify him as a veteran and which will aid him in securing employment or credit for his educational work; (3) a description of the work done and his rating written in terms of civilian jobs;

and (4) a booklet outlining his rights and benefits as a veteran.

The Notice of Separation, as in the case of the Marine Corps, is distributed to Federal agencies charged with the responsibility of assisting veterans on their return to civilian life.

Personnel Redistribution Centers

After the end of the war it is expected that enlisted personnel will be discharged in demobilization stations near their homes. At that time the civil readjustment program will be an important function within the demobilization center. "Personnel Redistribution Centers" are currently in operation in order to test, experimentally, planned dischARGE procedures, including civil readjustment. One such center is Naval Receiving Barracks, Lido Beach, Long Island, New York. Here a man being discharged receives advice from civil readjustment officers and men on civilian contacts that should be made. If he should contact the Veterans Administration, he is sent directly to that agency's representative who has an office in the Personnel Redistribution Center; or if he has a problem of employment, he is directed to the Veterans Employment representative who is likewise present at the center. All procedures lead toward the goal of having the man leave the center with the knowledge that he has the most complete factual information available on his rights and benefits and on his problem of re-entering his place in civilian life.

The impact incident to return to civilian life can be cushioned if the services themselves are truly interested in the man's future; if on dischARGE the men are assisted by those whom they have learned to respect, whose judgment they trust, whom they believe to be strong, and whose uniform they wear. This the Navy, the Marine Corps, and

the Coast Guard are doing, and, in addition, through intimate liaison and contacts with industry, governmental and civilian agencies, and responsible individuals at the local level, they are following through on their men to see that the task of civil readjustment has in fact been accomplished.

THE COUNTERATTACK ON DISABILITY

Naval hospitals, with all their resources of medicine and surgery, educational services, and civil readjustment facilities, are joined in a campaign to prepare the disabled veteran to return to active duty or to return to civilian life in the best possible condition mentally and physically to earn a living for himself and family and make a suitable social adjustment.

In this counterattack on disability some encouraging victories are being won. One of the patients³ in an eastern Naval hospital is a seaman who was injured in a shipboard accident. He is young, inexperienced, and his education stopped at the seventh grade. The only job he ever had was in a sawmill. That may be too strenuous for him. Testing his talents and preferences, it was found that the young man likes assembling electrical equipment. He is deft at it and finds it interesting. The doctors reported that he would do best in a job at the bench. The experts saw that this could be solved with a job in the factory making electrical equipment. He is rehearsing for it now and will leave the hospital a semiskilled worker.

A Marine fighter pilot bailed out of his burning plane and was attacked in mid-air by a Japanese flier whose propeller cut off the Marine's foot. He was fitted with a substitute permitting such dexterity that he is back on flight duty.

³ Case from "Information Bulletin, Bureau of Naval Personnel."

Another Navy flier who lost both arms has come through the rehabilitation program in such good shape that he is stepping into a good job as a meteorologist. He could do his own typing and drive his own car before he left the hospital.

Another Marine who was given a "Medical Survey" discharge had been anxious to go to college and prepare himself for a career in business, or the teaching of courses in business administration. Educational Services officers provided a tutor on his college entrance requirement while he was in the hospital and arranged for his admission to Princeton when he was ready. In the meantime, the Marine Corps Rehabilitation Officer made the proper contacts to secure him a job where he worked until he entered Princeton last fall to begin his study for the career he was ambitious to follow.

In the New York Navy Yard three junior officers who in civilian life were successful personnel or production men made a study to see where disabled veterans would fit in. They found opportunities ranging from common laborer to first-class mechanic, where a man's service training was utilized. The result is that the New York Navy Yard now employs 1,400 discharged veterans.

This war, like all other wars, will inevitably leave its harvest of disabled men, but many thousands will be helped toward success through the practical assistance of officers and men trained for this vital task. These trained men recognize that the job they are doing must be sound and must be well done if they are to give these veterans a "lift on the road back." They know, too, that in giving this lift, they cannot take the veterans "all the way." The Federal Government has recognized this in providing assistance in hospitalization, in employment, and in education as they become veterans. The job that has

been well begun in the services must be carried on toward conclusion outside, by government, by industry, by business, by schools and colleges, and in the last analysis by the community where the veteran has his friends and his

family and his home. Insofar as it is in the Navy's power, it will return a man to that community well equipped physically and psychologically, with hope and a healthy, optimistic outlook on life.

George C. Mann, Lieutenant Commander, USNR, is on military leave from the State of California as chief of the Division of Adult and Continuation Education. He has served in various capacities in the fields of education, vocational guidance, and rehabilitation, with the universities of California, Southern California, and Colorado, and with several business and governmental bodies. He is author of Vocational Education (1930), Conference Method in Education (1935), Consumer Education (1939), and other books.

Medical Care Program of the Veterans Administration

By FRANK T. HINES

THE wars in which the United States has been engaged, exclusive of the Indian campaigns, have been fought primarily by citizen soldiery. Since the first conflict, the Revolutionary struggle, there has been an increasing sentiment to reward veterans for their sacrifices in defense of the country.

HISTORICAL RÉSUMÉ

Prior to World War I, April 6, 1917 to November 11, 1918, national gratitude was expressed mainly in the form of pension payments, originally for disability incurred in service and for dependents of deceased veterans, and later, for service in itself. Additional benefits consisted of grants of public lands and the furnishing of domiciliary care for those disabled.

The provision of domiciliary care was inaugurated by the Congress during February 1811 by legislation establishing the Naval Home at Philadelphia, Pennsylvania, which, however, was not occupied by disabled ex-members of the Navy and Marine Corps until 1833. Then, after the Mexican War, the Congress, in March 1851, passed an act creating military asylums for invalid soldiers. Two such institutions were built: one at Harrodsburg, Kentucky, which was disposed of by public sale in 1860; the other at Washington, D. C., which is still in operation as the United States Soldiers Home. But the maximum development of domiciliary care by the Federal Government came with the enactment of legislation, March 3, 1865, authorizing the establishment of the National Home for Disabled Volunteer Soldiers. Following the erection of the original home

at Togus, Maine, in 1866, additional branches were built in various parts of the country, so that when, in 1930, the National Home for Disabled Volunteer Soldiers was consolidated with the then United States Veterans Bureau, there were eleven of these homes for disabled soldiers, and several others were afterward constructed.

Hospital and outpatient treatment were provided for beneficiaries residing in these National Homes, but medical services as a separate benefit for discharged veterans, regardless of a domiciliary status, were not granted until the period of World War I. This valuable gratuity was one of several new benefits which were conferred by the act of October 6, 1917, six months after our declaration of war against Germany. That legislation, which was an amendment of the War Risk Insurance Act of 1914, reflected a modern concept of obligations to persons who had served the country as soldiers, sailors, and marines. It comprehended a symmetrical program of allotments and allowances for dependents of the fighting man; monetary insurance against death or permanent total disability; pensions (called "compensation") for disability of a veteran, and awards to his dependents for his death due to injury or illness as a result of service; medical, including hospital, treatment and supply of required orthopedic appliances for conditions attributable to service; and vocational rehabilitation to overcome the handicap of injury or disease caused by service.

The principal changes of the act of October 6, 1917 prior to the onset of our present war against the Axis powers

were, first, increases in the amount of awards payable for disability and, later, the authorization of benefits, both monetary and medical, for conditions not attributable to military or naval service. Beginning in April 1922, hospital treatment was made available for veterans of the Spanish-American War, the Boxer Rebellion, and the Philippine Insurrection who were suffering from neuropsychiatric disorders or tuberculosis not incurred or aggravated by armed services; and in June 1924, entitlement to hospital treatment for diseases or injuries not related to armed service was extended to veterans who had served in World War I. These main changes in the text of the historical act of October 6, 1917, were, it will be noted, changes in the basic principle of that act, which took recognition only of disease or injury that was a resultant of military or naval service.

Prior to August 9, 1921, the Bureau of War Risk Insurance, then a part of the Treasury Department, by legislation of October 6, 1917, was responsible for the extension of benefits to disabled ex-service personnel. Since the resources of that Bureau were insufficient to provide medical services to veterans, the Surgeon General of the United States Public Health Service, then a bureau of the Treasury Department, was requested to furnish the necessary medical personnel and hospital facilities. The United States Public Health Service assumed the responsibility for physical examinations and the furnishing of hospital and dispensary service to veterans. On the date aforementioned, August 9, 1921, the United States Veterans Bureau was created by consolidation of the Rehabilitation Division of the Federal Board of Vocational Education (the agency responsible for vocational training of disabled veterans), the Bureau of War Risk Insurance, and certain hospitals which

were caring for veterans and had previously been operated by the United States Public Health Service. The control and supervision of all veterans relief activities, including medical activities, were vested in the Director of the newly established Bureau. In July 1930 the present Veterans Administration came into existence by a consolidation of the activities of the Bureau of Pensions, the National Home for Disabled Volunteer Soldiers, and the United States Veterans Bureau, the Administrator thereof to be designated "Administrator of Veterans Affairs."

Concluding this retrospect, it is thought that the medical care program for veterans can perhaps best be discussed by reference to the organization of the field service of the Veterans Administration, the various benefits available, and the criteria for eligibility in connection therewith.

ORGANIZATION OF SERVICES

The 94 existing hospitals, with a total hospital bed capacity of 75,697, under the direct and exclusive jurisdiction of the Veterans Administration, are designated for three clinical types of patients, namely: general medical and surgical, tuberculous, and neuropsychiatric (excluding those falling within the functional nervous group). These hospitals are located strategically in 45 states and the District of Columbia and are approved by the American College of Surgeons. All modern diagnostic and treatment resources for the physical and mental rehabilitation of patients are available. All hospitals are in a position to treat emergent illness or injury of any kind. Of the total number of hospitals, 30 with a bed capacity of 42,241 are for neuropsychiatric beneficiaries; 51 with 26,930 beds are for general medical and surgical beneficiaries; and 13 with 6,526 beds are for tuberculous beneficiaries. All

hospitals are staffed by full-time physicians and are supplemented by attending specialists and consultants, residing at or within reasonable distance of the hospital.

Approximately 225 physicians of national reputation in civil practice and teachers in recognized medical schools are connected with these hospitals and in centers and clinics as consultants. Experience following World War I indicated the need for highly specialized services, not only for the diagnosis of problem cases, but also to determine and extend that modality of treatment best suited to the individual patient. The specialistic treatment program, in view of the present global war and the reception of patients with residuals of diseases not commonly seen in the United States, is being rapidly expanded.

These special centers and clinics have been so located as to permit an excellent consultant staff insofar as geographical distribution will permit in meeting the needs of the ex-service population. Diagnostic centers are located at Washington, D. C.; Hines (Chicago), Illinois; and San Francisco, California. Tumor clinics are located at Hines, Illinois; Bronx, New York; Washington, D. C.; Atlanta, Georgia; Los Angeles, California; and Portland, Oregon; the parent clinic at Hines being among the largest and best equipped in the world. Neurosurgical centers are operated at Hines, Illinois; Washington, D. C.; Bronx, New York; and Los Angeles, California. Centers for major thoracic surgery and collapse measures not within the resources of other facilities have been established at Castle Point, New York; Oteen, North Carolina; Washington, D. C.; Legion, Texas; Tucson, Arizona; Hines, Illinois; San Fernando, California; Livermore, California; and Portland, Oregon. An allergy clinic for the training of phy-

sicians and the preparation of allergens for all field stations is located at Pittsburgh, Pennsylvania. Centers for the diagnosis and treatment of tropical diseases, particularly in patients presenting a problem, are located at Bronx, New York; Biloxi, Mississippi; San Francisco, California; and Washington, D. C.; all having available consultants recognized as specialists in tropical diseases.

VARIOUS SERVICES

Another program which is under rapid development is devoted to the treatment and management of those veterans who have suffered an amputation of an extremity. This program comprehends the training of selected well-qualified physicians in amputation surgery and in the fitting and adjustment of artificial limbs. To these centers will be referred all patients should a question of reamputation arise or difficulty be encountered in the fitting of an artificial limb or training be required in the use thereof.

A reception center for the admission, classification, and intensive treatment of patients suffering with an acute and recently acquired mental condition has recently been established at Mendota, Wisconsin, and the program will be extended to other strategically located hospitals.

In addition to provisions for complete medical, surgical, dental, and nursing care for veterans, there has recently been established a new division, the Division of Physical Medicine, under the supervision of a physician particularly well qualified in this branch of medicine. Physical medicine is not new. Although World War I gave impetus to physical measures in medical therapeutics, the present conflict has resulted in a consolidation, expansion, and revitalization of this ancient art, both in the armed services and in the

Veterans Administration. The physical treatment techniques have been modified and developed to meet the needs for physical rehabilitation of sick and disabled patients, particularly that group of younger men and women veterans disabled by illness or battle casualty. In this program, centers have been established for the treatment of those suffering with residuals of severe spinal cord injury. Hydrotherapy in all forms is available. Special units for the type of treatment of selected patients, particularly those suffering from arthritis, have been established at the famous Spa at Saratoga Springs, New York, and the hospital at Bay Pines, Florida, where the natural resources—air, sunshine, bathing—are utilized as adjunct to routine treatment of bone and joint disabilities.

Occupational therapy as practiced by the Veterans Administration is considered a most important branch of physical medicine. Occupational therapy as conceived and interpreted by the Veterans Administration may be defined as "any mental or physical activity prescribed for, directed, and supervised to promote recovery from disease or injury." Included is any occupation, mental or physical, prescribed and directed for the promotion of recovery from disability and to aid in the hospital or extramural adjustment of patients. This type of therapy has been highly developed at the neuropsychiatric hospitals in a wide variety of indoor and outdoor projects, and is now being expanded to a great extent in the other hospitals because of the recent influx of younger patients, veterans of the present war.

In reference to the rounded program of care for veterans, mention should be made of the measures taken to prevent weariness, boredom, homesickness of disabled patients, to assist in keeping up their morale and securing their co-

operation in remaining under treatment until maximum benefit is attained. To accomplish this end, trained recreational aides are assigned to all hospitals to provide indoor and outdoor recreational activities—moving pictures, radio programs, shows by amateur and professional actors, and so forth. Library activities under the direction of a librarian are provided in all hospitals to furnish reading material—fiction and scientific—to meet the individual needs of each patient and to foster and develop his interest in special subjects, especially those which may prove of benefit to him in again taking his place in his home community.

SOCIAL WORK

Social work for years has played an important part in the physical and mental rehabilitation of servicemen, and the need for this type of activity is apparent to all who are interested not only in the welfare of the veteran but in that of a definite segment of the civilian population. In the Veterans Administration the social-work contribution to the planned rehabilitation of patients falls to a great extent in the following fields: (1) bringing to the medical staff and other personnel a real understanding of the patient as a person; (2) enabling the patient to use to advantage the health and other resources available to him; and (3) assisting the patient in re-establishing himself in his home, work, and community life with the minimum sense of disablement and the maximum sense of self-respect and self-dependence.

The psychotic patient ready for trial visit, the patient with the compensated heart condition or syphilis or an amputation or orthopedic or any other condition, may need guidance in making a successful transition from the hospital to satisfying, contributing, self-respecting community living. He may

need to be put in touch with the great network of community resources supplying social and health services, or employment agencies, in addition to the services supplied by the Veterans Administration, that may be available to him for the asking. With the patient's consent, an interpretation of his problems is given the agency to facilitate his approach to them. Today, adequate attention to the personal problems and emotions involved in the patient's illness is recognized as a prime necessity in the full rehabilitation of the patient.

CO-OPERATION WITH OTHER AGENCIES

By virtue of the close relationship between the Veterans Administration and the War and Navy Departments, and with the common knowledge of the need for effective rehabilitation of disabled men separated from the armed forces and in need of continued hospital treatment, arrangements have been perfected whereby disabled personnel of the Army, Navy, Marine Corps, and Coast Guard are transferred direct to designated Veterans Administration hospitals in the vicinity of their homes and discharged from the service upon arrival thereat. This program, which continues in force, has distinct advantages in that there is no break in indicated treatment, thus permitting maximum rehabilitation in minimum time. In this program the co-operation of the patients' relatives, the community agencies, the ex-service organizations, and others, is sought because of the realization that interruption of treatment can only result in postponement of the veteran's assumption of his place in the social and economic life of the Nation.

Through the co-operation of the Surgeons General, the War Department, the Navy Department, and the Public Health Service, beds have been made available in hospitals under their jurisdiction for beneficiaries of the Veterans

Administration. In addition, many contracts have been made with civilian and state hospitals for the treatment of veterans. In the case of male beneficiaries, such contract hospitals may be used only for emergent service-connected injuries or diseases; but women beneficiaries may be admitted to such hospitals for any condition, regardless of its relation to armed service, when facilities under the jurisdiction of the Veterans Administration are not available.

OUTPATIENT TREATMENT AND DOMICILIARY CARE

Outpatient treatment comprises all forms of treatment for disease or injury, the severity of which does not require hospital treatment. This treatment is available at more than one hundred hospitals and regional offices in the United States. If the beneficiary does not reside within a reasonable distance of a field station of the Veterans Administration, well-qualified general practitioners or specialists residing in the beneficiary's home community are authorized to render the necessary treatment at government expense. Present plans contemplate contracts with recognized neuropsychiatric or mental hygiene clinics for the guidance and treatment of beneficiaries resident in the vicinity thereof.

Orthopedic and prosthetic appliances, consisting of artificial arms and legs, hearing aids, braces, trusses, glasses, and so forth, procurable from reputable and recognized manufacturers and fabricated in minimal number at several Veterans Administration facilities, may be furnished on an outpatient basis or during a period of hospital treatment or domiciliary care. Specific legislation provides mechanical and electronic equipment and guide dogs for blinded veterans, and an artificial limb or other appliance for any officer or enlisted

man retired from the Army, Navy, Marine Corps, or Coast Guard who has lost a limb or the use thereof through injury or disease incurred or contracted in line of duty in active service at any time. Beneficiaries entitled to appliances are also entitled to fitting and training in the use thereof.

Domiciliary care, which may be considered as a part of the medical care program, is extended to those veterans who have a chronic disability not susceptible of cure or decided improvement by hospitalization, which is producing disablement of such degree and probable persistency as will incapacitate the veteran from earning a living for a prospective period. At present 14,870 beds at 11 facilities are available. Medical treatment for this group is available at all times, and those requiring hospital treatment are immediately transferred to the hospital section of the facility.

ELIGIBILITY

In relation to the foregoing medical benefits and services, the immediate question arises, Who is eligible for these benefits?

Generally speaking, any person who has served at any time in the armed forces of the United States is potentially eligible, provided that discharge or release from active service was effected under conditions other than dishonorable.

For hospital treatment or domiciliary care, applicants are divided into two groups—those who served during a period of war, and those who did not so serve. A further division is made, namely: those in need of treatment or care for a service-connected disability, and those in need of treatment or care for a nonservice-connected disability. The applicant who rendered active service during a period of war and was discharged or released under conditions

other than dishonorable is by virtue of service itself potentially entitled to admission for treatment or care. The applicant who did not serve during wartime is not entitled to admission unless he was discharged by reason of disability held as incurred or aggravated in line of duty in active service or, not so discharged, is in receipt of pension for a service-incurred or service-aggravated disability. If admission is sought because of a disease or injury determined as not incurred or aggravated in active service, favorable consideration may be given only if the applicant alleges inability to defray the necessary expense thereof. The same policy applies to transportation to accomplish the journey. Ability to defray the cost of treatment or care, including transportation expense, is not a factor if admission is sought because of a service-connected or service-aggravated disability.

Outpatient treatment at field stations of the Veterans Administration or in a beneficiary's home community at government expense may be rendered for that disease or injury, incurred or aggravated in line of duty, which led to the applicant's discharge from active service for disability; for a condition determined as service-connected, in the case of a war veteran; and for a disability determined as service-connected or -aggravated and compensable, in the case of a veteran who did not serve during wartime and was not discharged for disability. Transportation, if required, and the accessories thereto, are furnished by the Veterans Administration.

Orthopedic and prosthetic appliances may be furnished on an outpatient basis, subject to the foregoing eligibility requirements applicable to outpatient treatment. Additional provisions are made, however, for appliances during hospital treatment in that an appliance may be furnished, if required,

for the treatment of the condition for which admission has been completed or for a condition considered as adjunct to that under treatment. Persons receiving domiciliary care may be furnished appliances incident to that care without regard to service connection of the existing disability.

Public Law 16, Seventy-eighth Congress, provides vocational training for those veterans who have a service-connected disability and are in need of training to overcome the handicap of such a disability. Persons undergoing such training are entitled to outpatient treatment, including appliances and hospital treatment for any condition, regardless of nature or date of origin, which, if not treated, would result in interruption of training.

SUMMARY OF FACILITIES

It is inevitable that veterans and those interested in their present and future welfare will inquire, What plans have been made to assure that hospital treatment will be available, if required? This subject over a period of years has had and is still receiving constant attention. As previously mentioned, 90,567 beds (hospital and domiciliary) are presently available in facilities operated by the Veterans Administration. In other government hospitals in the United States, 4,153 beds are currently allocated for the treatment of ex-service personnel. New construction or other work under way or

for which funds were available on June 30, 1944 will provide a total of 95,749 hospital beds and 16,564 domiciliary beds, a combined total of 112,313 beds in Veterans Administration facilities.

Public Law 346, approved June 22, 1944, carried an authorization of \$500,000,000 for additional hospital facilities for veterans. Pursuant to Section 101 of this act, the Veterans Administration in collaboration with the Federal Board of Hospitalization prepared an estimate and program of its hospital needs up to and including June 30, 1947. This program covered the bed requirements for each type and provided for the acquisition by new construction or by transfer from the Army and Navy of a total of 22,000 beds. The program was approved by the President on September 12, 1944, and authority granted to submit a construction program of 14,100 beds for inclusion in appropriation estimates for the fiscal year 1946.

The Veterans Administration is acutely aware of its responsibility in extending benefits granted by the Congress to veterans, and is pledged to extend the highest type of medical service. The years of experience in the treatment of disabled veterans of World War I, the construction of modern fire-proof hospitals during past years, the existing expansion program, and the use of resources of civilian agencies are definite assurance that the needs of ex-servicemen and women will be met.

Brigadier General Frank T. Hines, LL.D., is Administrator of Veterans Affairs and Administrator of Retraining and Reemployment, Washington, D. C. He served in the United States Army from 1898 to 1920, being Chief of Transportation during the First World War. He holds the Distinguished Service Medal of both the Army and the Navy. He was Director of the United States Veterans Bureau from 1923 to 1930, when the Veterans Administration was created and he was appointed to his present position.

State and Private Agencies for Psychiatric Care

By THOMAS A. C. RENNIE

WHILE extensive plans for psychiatric rehabilitation are being set up under official Federal and state agencies, the actual dearth of psychiatric personnel is so great that the largest part of the responsibility for civilian rehabilitation will inevitably fall back upon civilian agencies. Neither the armed forces nor the Veterans Administration has the personnel to do the job. This could not be otherwise when we realize that there are fewer than four thousand well-trained psychiatrists and even fewer psychiatrically trained social workers. With well over half the psychiatrists in the armed forces, the load falling on the civilian psychiatrist is more than he can possibly carry. Part of the psychiatric treatment responsibility will inevitably fall on other and related services. The state-wide facilities which should be borne in mind as potential sources of help are:

1. All state hospitals and other institutions for the mentally handicapped. Some of these conduct outpatient clinics.

2. Divisions of state governments which conduct community or traveling clinics.

3. State societies for mental hygiene where they exist. These societies are usually well informed regarding clinical facilities within the state and will supply such information on request.

4. Veterans Administration neuropsychiatric hospitals. A very few of these are tentatively operating outpatient clinics.

5. Veterans Administration regional offices, from which information about ratings and other data concerning veterans can be obtained.

6. Community psychiatric clinics.

7. Private psychiatric hospitals, some of which have outpatient services.

8. University and teaching hospitals with departments of psychiatry and outpatient services in psychiatry.

9. Family societies. These are important because many returning servicemen are faced with problems of family adjustment, and some communities which do not have psychiatric or mental hygiene clinics do have well-established family service agencies. Such family societies not only can give service on family problems but will make referral to other appropriate agencies if service other than family case work is indicated.

10. Councils of social agencies which have full-time information service. Such councils are sure to know about developments in their communities.

11. American Red Cross Home Service.

12. Private physicians practicing in psychiatry. The biographical directory of the American Psychiatric Association lists all private psychiatrists by state and city. Copies of this directory can be obtained from the Association's office, 9 Rockefeller Plaza, New York 20, New York.

The most recent information as to these varieties of psychiatric services can be obtained from the Directory of Psychiatric Clinics and Related Facilities published by the National Committee for Mental Hygiene, 1790 Broadway, New York 19, New York. This directory lists all the available psychiatric services by states.

THE VETERAN'S PROBLEM

The problems of neuropsychiatric vet-

erans on return to civilian life are surprisingly alike: illness of varying severity, a sense of stigma for their discharge, unemployment, social inadequacies, lack of companionship, confusion about their diagnosis, oversolicitous relatives, resentment against their fate, and, in a small percentage, preoccupation with compensation issues. Some of them are psychotic and need hospitalization. The majority—over 70 per cent—are psychoneurotic, having mainly anxiety neuroses, needing ambulatory help.

The first problem these men face is to find appropriate sources of help without being shunted from one bureau to another, leading to confusion and discouragement. Notable attempts to combat this phase of the problem are the Veterans Service or Referral Centers functioning now in New York City, Boston, Minneapolis, and Charlotte, North Carolina. Here trained interviewers spot the area of difficulty and refer the man to the appropriate agency for his needs.

MULTIPLE AGENCIES AT WORK

The over-all picture of rehabilitation activities in the field of mental health is confusing indeed. There are five national agencies, three veterans' organizations, and eight state groups, all of which have staked out claims to the rehabilitation of the discharged men. In the total field of veterans' rehabilitation there are some two hundred agencies involved, often at cross-purposes, leading to inevitable confusion in the mind of the veteran seeking help. There is real need for an over-all directing agency to co-ordinate the many Federal, state, and voluntary services at present coping with the rehabilitation project. The newly created Retraining and Reemployment Division under General Hines one would hope will correct this situation. The creation of

new agencies would only complicate the picture further.

On the national level, the Veterans Administration is responsible for hospitalization of all discharged men requiring it and for a vocational training program both for the hospitalized group and for all nonhospitalized cases who can show a service-connected disability. The United States Employment Service is the official agency set up for job finding. Selective Service has a re-employment committee at each of its 6,403 local boards, and in some states carries certain medical rehabilitation functions, mostly on the physical level. The American Red Cross plays a leading role in referring veterans to social and health resources and in giving various kinds of short-term or emergency service. Similar services are given by Army and Navy Relief. The YMCA's are making ready their counseling and vocational guidance programs. Veterans are also likely to seek help through membership in the three national veterans' organizations—American Legion, Veterans of Foreign Wars, and Disabled American Veterans.

Various plans are being effected at the state level. The official agency is usually the state vocational rehabilitation bureau. While vocational retraining is the primary function of these bureaus, representative plans which include psychiatric rehabilitation are under way in Maryland, Arizona, and New York. In many states, e.g., Virginia, the work is guided by the state department of education, but in others it is independent of state departments. In most states, vocational rehabilitation divisions are subdepartments of state boards of education. Other states have a specific mental hygiene division under the state department of health which assumes the responsibility (Alabama). In Washington, D. C. the lead has been taken by the Department of Health.

In Connecticut and Wisconsin the State Mental Hygiene Society has assumed leadership. In Rhode Island the main activity has stemmed from the Providence Child Guidance Center, which is a city mental hygiene program. In Illinois extensive planning is being done by the Department of Public Welfare. In most states such activities are usually carried out by departments of welfare or departments of social welfare. In Illinois and Connecticut a governor's committee is also active. In New Jersey the initiative has come from the state hospitals. This represents a bewildering array of organizations planning for psychiatric rehabilitation, and clearly indicates the need for a state advisory committee to incorporate all agencies in a concerted plan.

THE OFFICIAL CIVILIAN AGENCY

Because the overwhelming percentage of the psychiatric casualties will probably not need hospital care but will constitute ambulatory cases, mainly psychoneurotic, it was evident that more extensive facilities than the Veterans Administration provides would be required to meet their needs. The Barden-LaFollette Vocational Rehabilitation Amendment was approved by the President on July 6, 1943, providing the necessary framework in which peacetime as well as wartime problems could be administered. Thus, state bureaus, utilizing Federal funds, will have the major responsibility. The scope of service to disabled persons has been broadened to include *any* disability rendering them incapable of engaging in remunerative employment, and includes surgical and medical care, hospitalization, therapeutic treatment, prosthetic appliances, vocational guidance and training, maintenance during training, placement in employment, and follow-up.

For the first time in American legislation, the specific phrasing limiting such service to the physically disabled was modified so that the mentally disabled are eligible for rehabilitation. The Federal Government will assume the entire cost of administration of state programs and one-half the cost of medical examinations, treatment, and training.¹ Each state must draw up its own plan for approval by the Federal Vocational Administration Bureau. Sole responsibility for the administration of the plan will rest with state bureaus of vocational rehabilitation. Included in the plan will be provision for rehabilitation of disabled civilians who are members of Citizens Defense Corps, Aircraft Warning Service, and Merchant Marine. As a basis for an individual's total rehabilitation, a medical diagnosis is required to establish the general health, including organic and functional conditions. Clearly, then, major responsibility for psychiatric rehabilitation of all nonservice-connected disabilities lies with the state agencies, and it is imperative that psychiatric planning should be included in the state programs.

As of today, fifty states and territories have submitted tentative plans. All plans have been approved. These plans include medical diagnosis, psychological testing of every applicant, and psychiatric diagnosis as indicated. Not all states, however, have included a specific plan for treatment of neuropsychiatric conditions. In most states the feeble-minded are excluded, and in several, epileptics are excluded.

Individual states must, in addition to providing the plan, be certain that state legislation conforms with Federal legislation. In some states, as in New York, it will be necessary to alter the state laws.

¹ See also the article by Michael J. Shortley in this volume.

STATE PROCEDURE

How can this psychiatric problem be met and how shall the individual states proceed? This is working out in a variety of ways. In some states the initiative has been taken by the state, the county, and even the city medical societies, particularly where a mental hygiene committee exists. In others the governor of the state has called together a rehabilitation committee on which a psychiatrist serves. Wherever a state rehabilitation division exists, planning must be done closely with it as the official agency concerned. The ideal plan would be to call together a meeting with the authority of the governor of the state, if possible, and have representation by members from the medical societies, the departments of education, the mental hygiene societies, the departments of public welfare, the social agencies, and interested individual psychiatrists.

The Federal objective clearly states that plans should utilize already existing voluntary and governmental agencies of the community. This would seem mandatory, since the entire aim of treatment is restoration of the individual to his own civilian pattern. The community will have these men to deal with, and it will of necessity have to provide the organization. Since most of these men break down in the service of the Federal Government, it is only fair that Federal funds should be allocated for the various projects.

INADEQUATE FACILITIES

There is a variety of civilian psychiatric services available. Most of these are located in large cities. Few exist in rural areas. More and more specific psychiatric rehabilitation clinics are beginning to spring up, but the number is still meager. Outpatient psychiatric clinics need to be developed on an ex-

tensive basis, providing the mental care of at least one psychiatrist per 100,000 population. Thus 1,300 new clinics are urgently needed. It has been estimated that to meet the mental health needs of America properly, 10,000 new psychiatrists and an equal number of psychiatric social workers must be trained.

Unfortunately, there is not one psychiatric clinic in half of the states in the Union. Because of the dearth of trained personnel it is impossible to employ additional people to establish new clinics, but an increasing number of communities are making special provision for rehabilitation clinics by recruiting trained persons from wherever they can be found and teaming them up for rehabilitation work one or two evenings a week, often on a voluntary basis. Two outpatient clinics and one inpatient service have been established in Chicago. San Francisco has a new veterans' clinic. Many other cities and states are in the process of setting up special rehabilitation clinics.

An over-all plan for the utilization of available psychiatrists has been developed in Michigan. A similar plan has evolved in Wisconsin, where every psychiatrist in the state has agreed to give some time for the care of veterans. The Duke University Clinic has organized a traveling unit to cover the entire state of North Carolina, and it is also offering service to South Carolina and Georgia. In Westchester County, New York, nine psychiatrists as a group have volunteered their help to social agencies and Selective Service boards.

Throughout the country there are more than three hundred regularly established psychiatric and mental hygiene clinics, and an additional three to four hundred communities are being served by traveling clinics. Many of these clinics are giving limited service to veterans. Yet of all the psychiatric hospitals and clinics available in this

country, only 139 have certified to the Division on Rehabilitation of the National Committee for Mental Hygiene their preparedness to accept veterans for psychiatric treatment. This will obviously only scratch the surface of the needs of the veteran group. In New York City, where we are more fortunate than most in having five specific psychiatric rehabilitation centers established, the provisions are adequate to take care of only about 5 per cent of the men needing help. Outside of a few of the large cities no such clinics exist, and there are vast areas in this country where no psychiatric help whatever is available.

This mental health emergency must be met soon if these individuals are not to sink into chronic illnesses. Lifelong unproductiveness can constitute sources of dangerous discontent. The tragedy is that, as has been shown, many of these men can be restored, and surprisingly quickly, to functional efficiency.

OTHERS CAN HELP

Mental health has become the concern of many agencies outside the psychiatric profession. Social agencies will carry a large part of the burden. Unfortunately, many social workers, family case workers, and group workers have not had training in psychiatric principles. Vocational guidance personnel will offer limited help. The family physician is the logical person to give psychiatric aid, since he is likely to be the first one to see the veteran; but in the majority of cases the family doctor has not been trained in psychiatry and feels totally unprepared to practice psychiatric medicine. Industry recognizes its challenge and is just preparing to formulate the necessary plans of dealing with mental illness within its ranks. Mental health is equally the concern of the school, the church, the court, the social agency, and the family physician;

but without trained personnel, these agencies cannot hope to do an effective job.

There has been decided activity on the part of the churches in preparing pastors and parishioners for intelligent dealing with men as they return from the armed forces. Several of the larger church groups have issued from two to five special pamphlets and have others in preparation.

COMMUNITIES MUST GET READY

Communities are eager to help. Yet we must keep our focus on services needed, and carefully avoid promoting any organization at the veterans' psychological expense. If, upon return from the armed forces, men find organizations in their home communities wrangling and fighting over services to veterans, they rightly feel that they are being exploited, properly resent this, and frequently inquire if that is what they were fighting for. On the other hand, if the total community is well organized to aid them in ways that are genuinely helpful, this boosts their morale and reassures them that they have not fought in vain.

Each community must accept its own responsibility. There are many psychological reasons why clinics are better staffed by civilian doctors. The men needing help have severed their connections with the Army. Successful treatment is often the result of their extreme confidence in their physicians, authoritative and trusted but free of military discipline. Now financial help is on the way for such civilian clinics. The Veterans Administration has just authorized contracts with private clinics for outpatient study and treatment, the institution of group therapy in selected hospitals, and the establishment of one or two centers in anticipation of new legislation expanding their activities in the field of mental hygiene, particularly

in authorizing grants-in-aid to states for all-purpose mental hygiene clinics.

Over and above all is the need for public education on the subject of neurotic disability. Efforts are being made by numerous types of agencies in many communities throughout the country to acquaint the public, and particularly families and employers of returning servicemen, with the nature of disabilities, and to give suggestions as to how to deal most constructively with men as they return. One example of concerted effort in a community is that of Racine, Wisconsin. The State Mental Hygiene Society has given leadership, and industry, social agencies, schools, parent groups, the press, and others have actively participated. One series of lectures and discussions has been held within large industrial establishments, attended by the personnel workers and industrial nurses. A similar series has been presented in the community for parents, wives, and small employers. Such efforts seem to bring about much better understanding of the needs of returning servicemen, and it is believed that this will result in quick rehabilitation of many whose problems are minor. It will doubtless ensure that more of those with serious problems will be referred to appropriate agencies. Every community should be mobilizing its resources in some comparable plan.

SUGGESTED PLANS FOR IMPROVEMENT

A few basic plans would help enormously. One simple rule permeates most psychiatric treatment: the longer a man is sick, the more difficult it is to cure him. Treatment of these men should begin immediately after they leave the Army. We know that the preparation given a man by the Army can, to a considerable extent, make or break his treatment in civilian life. In one study, 60 per cent of veterans given appropriate advice by Army psychi-

atrists wanted psychiatric help, and only 29 per cent of those given inappropriate advice wanted such help.²

The Army separation and reclassification centers are making a determined effort to prepare each man for his return to civilian life. This is often little more than a five-minute interview, duplicating in reverse the psychiatric screening process of Selective Service. Four to six weeks' hospitalization, often on a disturbed floor, can be demoralizing. The man is often sent home with no formulation of his difficulties and with no advice as to where to turn for help. Many Army psychiatrists are already concerned about this deficit. Some statement of the Army's findings and diagnosis is important for the civilian physician. Recent regulations provide for the man's service record to be sent to the Selective Service Headquarters, the Veterans Administration, the Red Cross, and the Adjutant General's Office. State Selective Service Headquarters are probably the best places at present to find cases needing treatment. As a result of failure to set up a proper case-finding service, no single state today has any idea of its total number of discharges.

It would be a grave mistake if the veterans were considered as a group apart from the civilian population at large. The veteran's needs are little different from those of other civilians, and should be handled within the community on the same basis as those of sick civilians. Some record of his health needs should follow him back into the community and should be made available to responsible medical therapists. Individual states must be made urgently aware of their responsibility in the realm of mental health, and a psychiatric treatment program should

² "Needs in Rehabilitation," a report by the New York City Committee on Mental Hygiene, to be published.

be made obligatory in state plans that are now being formulated.

There must be a co-ordination of services at the Federal, state, and local levels. The experience of the Veterans Service Center in New York City points to the wisdom of meeting all the problems of the veteran through a single agency. This is as yet a voluntary service, but it would be reasonable to require each veteran, instead of reporting to his Selective Service Board, to report to a service center, a replica of which should be set up in every forty-square-mile area of the country.

THE NEED OUTLINED

The type of service needed has been clearly established by now. The men under consideration need a total psychiatric survey. In many cases they need physical examinations to settle the uncertain somatic status before psychotherapy can be started. Intelligence and aptitude evaluation makes mandatory the inclusion of a psychologist. Psychiatric social work is invaluable in obtaining information and in giving interpretations to the families. When the man is ready for work, the placement officer is drawn into the situation.

This program clearly calls for the integration of functions of a variety of

individuals who must be psychiatrically oriented. Psychiatric orientation is necessary also for guidance counselors, employment interviewers, placement officers, social workers, family physicians, clergymen, and employers. Industry is becoming rapidly aware of its problems with the returning neuropsychiatric veterans. A number have set up mental hygiene units. Notable work is being done in psychiatric interpretation, treatment, and placement by Sperry-Gyroscope, Caterpillar Tractor Company, Du Pont, North American Aviation, and others.

It is quite clear that present psychiatric resources will be inadequate to meet the large and growing problem of the neuropsychiatric veteran. This is particularly true of the case not in need of hospitalization. Because the employment situation at present is good, the problem is not yet acute. More extensive facilities are needed. The United States Public Health Service plans legislation to be effective within individual states where the need is demonstrated. Unless help is forthcoming immediately, compensation issues will inevitably grow. If this becomes of paramount concern, rehabilitation efforts will be jeopardized. It will be infinitely less costly in money and in human lives to set up the necessary treatment centers now.

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Community Responsibility for the Disabled

By JOHN N. SMITH, JR.

THE success to be attained in the reintegration of the disabled veteran into the peacetime social and economic structure of the Nation will depend largely upon the success attained in his rehabilitation. The term "rehabilitation" has been defined as "the restoration of a handicapped person in terms of his total situation, to the fullest physical, mental, social, vocational and economic functioning of which he is capable."

The definition indicates the various professional processes which must be considered and if necessary applied if the fullest adjustment is to be attained and the individual concerned is to secure satisfaction in meeting his daily needs and enjoy harmony of mind, body, and spirit—if he is to live wisely and well for himself, for his family, and for his community. These processes must be applied as corollaries of one another rather than independently, if an early and successful result is to be accomplished. It is thus seen that rehabilitation involves the interrelated and combined thought and efforts of the physician, the nurse, the physical therapist, the occupational therapist, and the artificial appliance maker; the psychiatrist, the psychologist, and the social worker; the vocational counselor, the educator, and the placement worker; the employer and industrialist; and, above all, the individual himself, for it is he whose interest and satisfaction must be met within his remaining physical, mental, and social capacities. They must all work as a team with each knowing the part the other is to play in attaining the goal.

In the matter of breadth of professional services and types of facilities needed for their rehabilitation, the dis-

abled may be classified into three groups: the less seriously disabled (approximately 75 per cent), the more seriously disabled (approximately 22 per cent), and those who have such serious involvements that they cannot be rehabilitated and will probably need institutional, domiciliary, or other dependent care for the remainder of their lives (approximately 3 per cent).

THE LESS SERIOUSLY DISABLED

The experience of the Institute for the Crippled and Disabled and of other agencies, public and private, engaged in the field of rehabilitation indicates that approximately 75 per cent of all who suffer orthopedic and heart disabilities can, so far as their physical state is concerned, be readily adjusted in private employment through utilization of the facilities of education, training, and placement used by the able-bodied, provided there is coupled with it good vocational guidance, adequate medical advisement, and selective placement.

Of importance to note in this respect is that through the convalescent and rehabilitation programs of our Air Forces, Army, and Navy and of the foreign armies (including the Russian in which casualties have been considerable), even a larger percentage are being returned to military duty in assignments commensurate with their remaining capacities, through military training programs used for the physically able. This would seem to indicate that with returning disabled veterans the percentage in this less seriously disabled group might be even better than 75 per cent. This is heartening in the matter of their reintegration into the social and economic structure of their communities.

There should be no particular problem in the placement of those disabled veterans in this group who left employment in the larger corporations to enter the armed forces. The range and scope of jobs in these corporations is so broad that selective placement based upon advice of the personnel, medical, and safety departments can readily find a job, the demands of which will fall within the remaining physical capacity of each veteran who was formerly in the employ of the corporation. Likewise, these larger corporations can readily absorb other disabled veterans and civilians of this group without much difficulty, if they have vacancies available.

The placement problem of disabled veterans who were formerly employed in smaller businesses and of those who never had previous employment, as well as of civilians in the same categories, is more difficult of solution. Small corporations, of which there are many over the country employing in the aggregate a greater number than the larger corporations, employ an average of less than twenty individuals each. Generally, they maintain no personnel, medical, or safety departments as such. In many cases it will be difficult for them to find among their twenty-odd jobs one in which the physical demands are within the remaining capacities of the disabled veteran or civilian.

The answer to this problem is to be found in voluntary community effort, where small corporations and businesses pool their resources as to available jobs with the larger corporations, avail themselves of the services and advice of public and private agencies in matters of vocational and medical advisement, and establish clearinghouses. The leadership here should be largely industrial, including both management and labor. There should also be represented in this community effort the local repre-

sentatives of the Veterans Administration, the United States Employment Service, and the Federal-state program of rehabilitation for civilians and members of the Merchant Marine, together with private philanthropic and other voluntary agencies engaged in the various fields of rehabilitation. Preferably these community clearinghouses should be a part of the community rehabilitation centers or agencies for the more seriously disabled, which will be described below. The essence of the whole effort is united and co-ordinated community effort, public and private, rather than independent action on the part of each agency.

THE MORE SERIOUSLY DISABLED

The situation with respect to the less seriously disabled group, while important and serious because of the numbers involved, is far overshadowed by that of the remaining 25 per cent of the whole, consisting of those with the most severe physical and other involvements. Tragic to state, 3 per cent of the total can never hope to enter any gainful occupation, under sheltered conditions or otherwise. These will consist of the bedridden and those having major involvements, physical and otherwise, which make them entirely dependent upon a grateful Government, their families, or public and private sources for their care and support. Many of them will need domiciliary and institutional care for the remainder of their lives.

On the brighter side, it is heartening to know that approximately 22 per cent of the total, even though seriously disabled, can be rehabilitated through the skillful and interrelated application of the various professional processes—physical, mental, social, vocational, and economic. Many, after such treatment, can enter employment in industry on even terms with the physically normal.

Others will not be able to do this but can become partially or wholly self-supporting through the provision of employment in sheltered workshops or in their homes. Those falling in this group were, until comparatively recently, generally classified as infeasible of rehabilitation, and thus relegated to a life of despair rather than hope. The advances made in the professional processes of rehabilitation over the past two decades have made their outlook brighter and more promising.

The great problem confronting the Nation in the reintegration of this group of very seriously disabled veterans and civilians is the lack of facilities to afford the professional services required in their rehabilitation. Disabled veterans among this group have sacrificed more in body, mind, and spirit than any others. They have earned the greatest of consideration in the matter of their rehabilitation and reintegration into the social and economic structure of the Nation. It is doubted that there exist over a dozen institutions or agencies capable at the moment of affording the necessary overall treatment in this respect. This number is sufficient only to meet the needs of a small part of the seriously disabled group among the civilians. With the prospect of the return of many thousands of disabled veterans in this category, the existing facilities are totally inadequate. This situation, if not corrected promptly, will become most tragic and inhuman. With the disabled, nothing stays at a standstill. They either progress or retrogress. If the facilities and services necessary for rehabilitation are not immediately available when needed by the disabled individual, he can only retrogress. Continued idleness and lack of treatment can have but one result—atrophy of mind, body, and spirit—helplessness and despair. This must not happen

here to our disabled. The facilities and services must be provided. In the final analysis, this is a community problem and trust.

GOVERNMENT PROGRAMS FOR SERIOUSLY DISABLED

The governmental agencies charged with providing rehabilitation services to the disabled are not unmindful of the duty and responsibility before them. Until the enactment of Public Law 16, 78th Congress, providing vocational rehabilitation under certain conditions to veterans of this war having service-connected disabilities, and of Public Law 113 of the same Congress broadening the scope of rehabilitation services to be afforded civilians, the Merchant Marine, and veterans with nonservice-connected disabilities, under the joint Federal-state rehabilitation program, neither the Veterans Administration nor the Office of Vocational Rehabilitation of the Federal Security Agency had the necessary legal authority to reach down into this group of the most seriously disabled and afford them adequate services to effect their rehabilitation. Since the enactment of this legislation both of these agencies have diligently pursued the matter, but neither of them can serve the group effectively unless adequate special facilities and services are available to them.

The situation is critical and is becoming more and more acute each day as casualties mount and peace approaches. The Administrators of these two governmental programs have three avenues open in the solution of the problem confronting them: (1) they can establish their own special facilities and services and operate them under governmental auspices and control; (2) they can call upon existing private voluntary agencies to rearrange their programs to meet the specific needs and obtain the necessary services

from them on a contractual basis; or (3) they can utilize a combination of both methods. Whichever avenue is pursued, these governmental agencies will have to determine upon and establish the proper standards of professional services and facilities required.

PROGRAMS OF PRIVATE VOLUNTARY AGENCIES

Until the enactment of the two laws mentioned above, service to this seriously disabled group was provided almost entirely through private voluntary agencies under philanthropic, religious, or fraternal auspices. These agencies blazed the way over the years. While their programs have helped many along life's pathway, limited resources have prevented them from expanding their facilities and broadening and strengthening their scope of professional processes and services to meet the total need of the seriously disabled individual. They possess much in the way of valuable experience, and constitute a potent resource in the present critical situation.

The Administrators of both governmental programs, General Frank T. Hines and Mr. Michael J. Shortley, have expressed their desire not to establish facilities and services operated under governmental control but rather to utilize existing agencies, public and private, maintaining or willing to establish and maintain programs of proper adequacy and standard to meet the need. However, if such facilities and services cannot be made available to them, they will have no recourse other than to establish and operate their own facilities.

In this there lies a great challenge to existing private voluntary agencies to rearrange, strengthen, and readjust their services and facilities to meet the present critical situation. However, this will not be enough. There is a woeful lack of agencies which can so readjust and strengthen their programs.

The problem calls for serious community consideration and action.

COMMUNITY ACTION NEEDED

What is needed today is for each community to take inventory promptly of its existing resources in the several professional fields required in the total rehabilitation of the seriously disabled, and then to determine what additional facilities and services are needed.

This critical analysis both as to the resources available and as to community need might best be undertaken by forming a permanent organization composed of representatives of local industry (both management and labor), of the local government, the county or local medical society including psychiatrists, the local council of social or welfare agencies, education (public and private), industrial or educational psychologists, the Veterans Administration, the United States Employment Service, the Federal-state rehabilitation program, local philanthropic and other private voluntary agencies including sheltered workshops, laymen and women, and religious, fraternal, civic, and servicemen's organizations. Such a permanent community organization might be designated as a Committee for the Reintegration of the Disabled. For purposes of effective action it could be broken down into subcommittees representative of the various processes and fields of rehabilitation, which would consider and report to the whole committee on matters within their respective fields.

REHABILITATION CENTERS

After determination of the community needs as to facilities and services for the reintegration of the seriously disabled, the community organization should decide how these should be provided. In the very large cities and communities there might be

one or more rehabilitation centers providing: (1) medical examination, advisement, physical testing procedures, limited physical therapy, and functional re-education; (2) psychiatric, psychological, and social services; (3) recreational activities; (4) occupational advisement, vocational training, occupational therapy, and sheltered workshop treatment; and (5) placement services. The Institute for the Crippled and Disabled in New York City is a rehabilitation center patterned along the lines just described.

The medical-physical and the psychiatric services of such a center should be on an outpatient basis. In the matter of functional re-education the physical therapy and other medical service involved should be confined to those cases where not over one or two hours' treatment daily in that respect is indicated. If the client or patient needs more or if surgical or medical care is indicated he should be referred to the hospitals or clinics or to his own physician in the community. The psychiatric or mental hygiene services of the center should be directed only to the minor neuroses and psychoses. If major treatment is indicated, the client or patient should be referred to a neuropsychiatric hospital or clinic or to his own psychiatrist.

The rehabilitation center should not be a physical part of a hospital but should be near hospital or medical facilities. The direction and control of the center should be industrial or vocational and not medical, psychiatric, or social work, although these professions are represented in the center and play a most important part in its operation and work.

The atmosphere of the center should be industrial. An individual thinks of himself as either sick or well. His attitude in this respect are largely governed by his environment and his treat-

ment by those surrounding him. A man in a hospital atmosphere, under medical direction, wearing a bathrobe, even though receiving medical treatment of only an hour or so daily and moving about freely, cannot but think he is sick. The same man moved to an atmosphere of industry, clad in work clothes and under industrial direction, even though he may receive medical, physical, or psychiatric treatment an hour or so daily, thinks of himself as well or at least very near recovery and ready for work. While the management of the center should be industrial, its general policies and operation should be governed by a board representative of all of the professions involved, industry, labor, and laymen and women, such as the community organization above described.

SERVICES IN SMALLER CITIES AND COMMUNITIES

As to the smaller cities and communities, the problem might best be solved through the establishment, if one does not exist, of a community vocational training school or a sheltered workshop, or both, with special facilities and curricula to meet the need of the seriously disabled. These activities should provide, in addition to vocational training or remunerative employment: (1) vocational guidance and testing, including intelligence, aptitude, dexterity, vocational interest, and other similar tests or substitutes therefor; (2) facilities for special and limited physical and occupational therapy, functional re-education, and physical education; and (3) recreational activities.

Depending upon the particular situation in the community, the following services should be either made available within the activity or obtained as indicated below:

1. Medical examination, advisement,

physical testing procedures, prescription of limited physical therapy, occupational therapy, and functional re-education, and medical care when needed to be obtained from local hospitals, clinics, or physicians as recommended by the local medical society.

2. Psychiatric, mental hygiene, and allied psychological service to be obtained from local neuropsychiatric hospitals, clinics, and psychiatrists as recommended by the local medical society.

3. Social work in all its phases to be obtained from local social case work agencies as recommended by the local council of social work agencies if one exists in the community.

4. Placement service to be obtained from the local offices of the United States Employment Service, the Federal-State Rehabilitation Service, and the Veterans Administration, and from private voluntary agencies in the field. If the community has set up an organization for the reintegration of the less seriously disabled as suggested above, that of course should be utilized for placement service.

The management of the activity should co-operate fully with, and seek the help of, the educational agencies of the community, both public and private, in matters pertaining to cur-

ricula and vocational training, intelligence, aptitude, and similar testing, and in educational matters. It should maintain active relationship with, and seek the advice and counsel of, the industry of the community in industrial, management, placement, and allied matters.

CONCLUSION

A number of communities have already established agencies and co-operative efforts in the solution of the problem of reintegration of the disabled into their social and economic structure. Some of these have been quite successful, particularly in the reintegration of the less seriously disabled, and deserve much commendation. There is dire need, however, of more intensive effort in this respect, particularly in the case of the seriously disabled. The solution of this phase of the problem has been almost totally neglected and needs prompt and effective action. It is, in the final analysis, a community matter—one of mobilization of community resources and a crystallization of the combined thought and action of all in the community concerned with the problem, whether they be lay, professional, or industrial men and women. A day has arrived in this respect for all communities.

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Vocational Rehabilitation Program of the Veterans Administration

By FRANK T. HINES

UNDER the provisions of Public Law 16, 78th Congress, any eligible veteran, man or woman, may receive training up to four years specifically directed to the restoration of employability. To be eligible for such training the veteran must have been in the active military or naval service at any time after September 16, 1940 and during the present war; must have been discharged under circumstances other than dishonorable; must have a disability which is or aggravated by service; must have a pension which pension is payable or would be administered by the Veterans Administration or would be payable under the retirement pay; must have a vocational handicap which vocational rehabilitation will overcome the handicap which service-connected dis-

During the period of training and for two months thereafter, to provide for his support, the veteran receives an increased pension up to a minimum of \$92 a month and additional amounts if he has dependents. He may borrow up to \$100 for any emergency. His tuition, books, tools, and travel in the program are paid by the Government. If he suffers an injury or aggravation of an injury while in training, he is entitled to the same benefits he would be entitled to if such disability or aggravation were service-connected within the meaning of the law covering such cases, except that such an injury must not result from his own willful misconduct. He receives medical and dental care.

The Veterans Administration, which is charged with the administration of the law, through its Vocational Rehabilitation and Education Service, has

set up Vocational Rehabilitation and Education Divisions in each of its fifty-three regional offices throughout the United States. There is in each division an advisement and guidance subdivision which handles the process of vocational counseling, the determination of the employment objective, and the nature of the course of study or training program; and an education and training subdivision which handles the training process, including the choice of a qualified institution or training facility with a suitable course of study, and the placement of the rehabilitated veteran in a suitable position where he can follow the occupation for which he has been trained.

In addition, the Veterans Administration has established guidance centers in colleges and universities to effect a closer relation between the Government and educational institutions and to provide further decentralization and greater convenience to the veteran.

Recognized and accredited educational institutions are utilized to provide institutional training, and well-established business enterprises are utilized to provide training on the job.

ADJUDICATION

The filing of an application for pension with any regional office of the Veterans Administration initiates a determination as to the presence of a pensionable disability causing a vocational handicap which may be removed by retraining. After it has been determined that the veteran has a pensionable disability, the rating board in the adjudication division of a field office of the Veterans Administration, or the disability

board of the Central Office, Washington, determines whether the disability constitutes a vocational handicap. If it is found that the disability does constitute a handicap to the individual in making a living, the need for vocational rehabilitation to overcome the handicap is determined by the Vocational Rehabilitation and Education Division of the regional office having jurisdiction over the territory of the veteran's residence.

Obviously, not all disabilities constitute vocational handicaps. Obviously, also, the amount of disability does not always determine the amount of the handicaps. A person who is very seriously disabled on the basis of average impairment in earning capacity may nevertheless be able to secure and pursue employment in some occupation for which he is particularly well qualified; and, on the other hand, a person who has a very slight disability may, on account of peculiar relationships existing between specific skills and the demands of his occupation, have a handicap requiring rehabilitation through vocational training. A vocational handicap is determined to exist when upon the basis of evidence of record as to the disabled veteran's education, occupational training, and experience it is found that the disability will materially interfere with securing and pursuing employment comparable to that for which he was formerly qualified.

The veteran, however, is presumed to be in need of a course of vocational rehabilitation to overcome his handicap unless it is obvious that he is able to carry on in his present employment as well as he would be able to carry on after receiving training in any other employment at his occupational level for which it is practicable to provide training for the purpose of overcoming the handicap, or unless rehabilitation through such training is not feasible or

cannot be completed within the training period legally allowed.

In case a veteran has not had a previous civilian occupation, or has had one at a lower level than that of his capabilities due to unusual conditions caused by the war, the standard of the occupational rehabilitation he has a right to expect will correspond roughly to the status which he presumably would have had if the war had not intervened, or which he has achieved in the service.

GUIDANCE

After it is determined that a vocational handicap exists and that this handicap is of such a nature that it may be compensated or removed by retraining during the time allowed by the law, the veteran undergoes a process of vocational advisement or guidance for the purpose of determining the occupation in which he is likely to be most successful, all things being taken into consideration, and of selecting the type of course which will fit him for employment.

The schedule of counseling is detailed and thoroughgoing to avoid the possibility of costly mistakes. The interview goes into every factor of the individual's life history: his education, vocational training, other special training, retardation or acceleration, aptitudes as shown by tests and occupational experience, the education and employment of his parents and siblings, early interests as shown in hobbies or extracurricular activities, boyhood or vacation work experiences, employment experience including jobs prior to enlistment, jobs since discharge, reasons for leaving his jobs, military or naval service experience having occupational significance, present employment status, present job if any, preferences for employment, his justifiable ambitions, his pattern of physical and mental disabilities and

abilities, his financial needs, and other factors making up the total situation upon which decision is to be based.

The findings on personal qualifications and characteristics, thus derived, are then related to occupational and industrial patterns in the state or region in which the veteran plans to live. A wealth of facts concerning the interrelationships of the individual and the economic situation in which he must make an adjustment serves to liberate the adviser from the control of his narrow personal experiences and hobbies. Simply hitting on one objective suggested by the veteran or the adviser or pushed into prominence by the situation without exploring all the possibilities is regarded as inadequate and too haphazard to constitute good advisement.

The counselor

Of course no record of factual data can take the place of a personal evaluation process, and it is not intended that it should. The items covered by the interview, each possibility insignificant in itself, gain significance when each is seen in the light of the full array of all the other facts. The possible combinations in which the factors may be significantly arranged are many. This requires personal judgment of a high order, for which there is no mechanical substitute. In other words, to yield maximum value, the information gathered in the interview must be interpreted by trained advisement personnel. The Veterans Administration is doing everything within its power to secure and train such personnel.

In this connection it should be realized that the advisement or guidance of the handicapped veteran differs from ordinary guidance, because the clients are different. They have been away a long time and out of touch with the march of affairs. They are more seriously unadjusted physically, vocation-

ally, and in outlook. The rehabilitation counselor must be not only sympathetic but also wise and versatile in order to effect the kind of exchange of information and viewpoint in the interview that will be mutually beneficial in meeting the problem. He must not only know what advisers as a class know, but he must be familiar with the vocational significance of medical diagnoses; he must understand work from the point of view of the specific physical or emotional abilities required to perform it which are not usually taken into consideration in ordinary vocational counseling. In other words, he must know occupations not only from the point of view of suitability to levels of ability, interest, and compensation, but from the medical point of view and from the point of view of loss of function, amputation, injury, or disease, and the emotional concomitants of such disabilities.

The rehabilitation counselor must know how to relate military occupations and skills recorded on the soldier's qualification card to approximately equivalent civilian occupations and skills, and how to estimate the differences for retraining purposes. He must be familiar not only with the Dictionary of Occupational Titles, job descriptions, job families, job levels, occupational outlook surveys, and industrial trends, but also with handbooks showing the physical demands of various occupations, hazards, and work and climatic conditions. He must also know under what conditions rehabilitation will be medically feasible generally, and how to determine feasibility in relation to a specific occupation. He must know what kinds of work are suitable and unsuitable for tuberculous cases, neuropsychiatric cases, epileptic cases, mental defective cases, and cases of chronic progressive diseases. He must know the distinguishing characteristics of veteran and civilian psychology, par-

ticularly employer psychology, and the veteran's typical attitudes toward his disability, his training, and his occupational adjustment.

Selecting the occupation

When the veteran has been interviewed and an estimate made of his various abilities and needs for adjustment, the adviser goes to work building up a comprehensive list of the various kinds of occupations which may suit the particular case. When this list is complete, each occupation is analyzed in terms of its correspondence with the veteran's characteristics and the factors of his personal situation, and those occupations which are unsuitable are eliminated. Finally, when out of the various possible objectives one is chosen, it is studied and checked and cross-checked in the light of the individual's pattern of interests, needs, abilities, and disabilities and the place where he is going to reside.

The occupations selected by veterans may be of interest. The choices of the first 3,000 veterans in the rehabilitation program are, roughly, as follows: Out of 1,000 taking up professional and managerial courses, in round numbers, 200 are taking accounting; 100, education in preparation for teaching; 100, mechanical engineering; 100, law; 80, electrical engineering; 40, some field of writing; 30, civil engineering; 30, pharmacy; 20 are graduate students headed for instructorships; and the remaining are intending to be managers, architects, chemists, county agents, dentists, advertising men, social workers, physicians, musicians, industrial engineers, clergymen, statisticians, and veterinarians, in approximate order.

Out of 300 taking up semiprofessional occupations, the choices are, in order, draftsmen, laboratory technicians, commercial artists, photographers, ra-

dio operators, undertakers, optometrists, chiropractors, decorators, and designers.

Out of 1,000 entering the skilled trades, the choices are as follows: mechanics and repairmen 600; shoemakers 80; watchmakers and jewelers 70; machinists 60; electricians 40; opticians and lens grinders 40; tool makers 20; upholsterers 20; typesetters 15; tailors 15; cabinetmakers 15; pattern- and modelmakers 10.

TRAINING

After advisement is completed and an occupational objective selected, training is carried out by means of existing educational facilities selected for the particular purpose and as far as possible in the region of the veteran's residence.

Facilities for education and training include vocational schools, vocational technical schools, private specialized trade and business schools, colleges, universities, and correspondence courses, the latter being used usually in combination with other methods. They also include well-established business concerns and manufacturing establishments in which training is carried on through practice on the job, some of it under regular apprenticeships. They include also project training in connection with enterprises such as the veteran's own farm or business, under which arrangements he receives institutional training or coaching on his own farm or in his own establishment, usually both. An individual training program may include combinations of these institutions and methods in parallel or in series, and may cover several localities.

Contracts are made with schools and colleges, and agreements are entered into with establishments for training on the job, when it is found by the Chief of the Vocational Rehabilitation and Education Division of the regional office concerned that satisfactory train-

ing opportunities are available. Contracts with institutions cover the cost and conditions of training, provisions for supervision, and regular reports; and agreements for training on the job include conditions of training and the amount of wages paid monthly so that the increased pension may be adjusted to the point where the veteran receives no greater amount under training than he would as a beginning employee.

Selecting the educational institution

A training facility is judged to be satisfactory when upon investigation it is found to be clearly qualified, as to space, equipment, instructional material, and personnel, to give the required course, and has agreed to co-operate fully with the Veterans Administration in accomplishing records of the trainee's attendance, performance, and progress in training. Rigorous requirements are necessary to prevent exploitation of the program and the veteran by "fly-by-night" schools set up hurriedly without proper foundation in character and offerings, and by schools which, in spite of every Labor Department prediction on industrial trends, continue to offer war courses for which there will be no peacetime demand, or which have made a poor job of reconverting their facilities to peacetime needs.

One of the requirements in an educational institution or facility is that the education shall be on an adult level. The veterans returning to the schools and colleges and to trade training will be several years older than persons of corresponding educational status before the war. This fact has definite bearing upon entrance requirements, accreditation, acceleration, apprenticeship schedules, and the modification of the school or college curriculum.

There is every argument for accelerating the education and training of older veterans. Since delayed educa-

tion throws the whole complex of marriage, vocational education, and social life out of balance, the veteran should be given every opportunity to go as fast and as far as his capabilities will allow him. By numerous methods of accommodation, educational institutions are recognizing the adulthood of the veteran.

It goes without saying that acceleration is not secured by curtailing values, but by improved course construction, the elimination of less valuable material, and the general functionalizing and streamlining of content. The Veterans Administration as far as possible is seeking, for the rehabilitation of disabled veterans, up-to-date institutions, courses that are compact and properly fabricated, and teachers who are interesting and effective.

Supervision of training

The supervision of the disabled veteran under the rehabilitation program is carried on by the training officer to whom the veteran is assigned. The training officer does not in any way interfere with the work of the institution, but the welfare and the rehabilitation of the trainee are his special concern. He watches to see whether the trainee is making the requisite progress to effectuate rehabilitation. He adjusts the veteran's personal problems. If the veteran is blind, the training officer sees that the veteran has arrangements for transportation between his home and the place of training. The training officer notes the trainee's work, his speed, his learning and adjustment difficulties, the instructor's grade rating or other report, training conditions including hours and matters of safety and health, the provision of equipment such as tools or texts—in short the efficiency of the rehabilitation process and the suitability of the training situation. And while the training is going on, he makes arrange-

ments for the employment of the rehabilitated veteran in the establishment doing the training or on a farm or in his own business or elsewhere.

A full set of records and reports covering the summary of advisement and the findings of the instructors and the supervisor have been constructed to implement the supervision of rehabilitation.

Part of supervision is morale building. The training supervisor, like the guidance officer in rehabilitation, must have a repertoire of qualities which surpasses in many respects that of the ordinary educational supervisor. His greatest asset is the ability to stimulate others to a high degree of personal efficiency by the liberation of their individual capacities. His most important function is to provide conditions of training so appropriate that they result in an individual fully competent and particularly skilled in his chosen occupation. The job requires not only professional competence but the kind of leadership which gets the best out of others, a sympathetic attitude toward the veteran, an intuitive understanding of people, critical-mindedness, tact, courage, and definiteness. There is legal provision for every veteran to fit himself for such new work as is feasible and appropriate. It is the object of the guidance and training programs and the leadership of supervision to see that he secures it and maintains a desire to succeed.

Alternative provisions

Should the disabled veteran choose to pursue retraining under the benefits of Public Law 346—the Servicemen's Readjustment Act—instead of under Public Law 16, he is free to do so; but he will not receive subsistence allowance under Public Law 346 exceeding the amount of the additional pension pay-

able during training under Public Law 16.

It must be clearly understood in this connection that the functions of the Veterans Administration differ under the two acts. Under Public Law 16 the Veterans Administration, while it carries on no training functions, assumes full responsibility for the complete vocational rehabilitation of the disabled veteran, including guidance, assignment to a training facility, supervision, and placement in an occupation. Under Public Law 346, the Servicemen's Readjustment Act, which is for all veterans, the Veterans Administration acts in an administrative capacity only. There is no supervision of training and no obligation on the part of the veteran or of the institution giving the training to consult the Veterans Administration on any educational matter except such as pertain to qualification for benefits under the act, financial commitments, and so forth. It is evident, however, that veterans should be informed of the guidance services which are available to them.

EMPLOYMENT

The objective of guidance and training is employment. A disabled veteran is entered into training only when there has been prepared and approved for him an individual training program worked out in such definite terms and consisting of elements of work so clearly appropriate to the chosen employment objective that the successful completion of the course of training will in itself establish the fact of satisfactory employability in the chosen occupation.

The question of making the individual expert so that he can survive competition on the basis of his merits and in the face of prejudice toward the disabled, which unfortunately is still in evidence in some quarters, is exceed-

ngly important. Of almost equal importance is the question of permanence of employment, for the disabled still have difficulty in securing jobs, although when they once secure them, they hold them better and with more mutual satisfaction than the average worker.

Since there is no sharp line of division between training and employment, the Veterans Administration follows up a veteran after he is employed to see that he is properly settled and adjusted in his job.

Employers' responsibility

Much could be said and needs to be said about what the employers of the country can do to make the employment of the disabled easy and satisfactory. The prospect of hundreds of thousands of war-disabled constitutes one of the most appealing challenges ever faced by government and industry. Obviously, government, while it may provide for the rehabilitation of veterans, is not generally in the business of supplying jobs. Jobs must be supplied by the employers of the Nation.

It is necessary for employers everywhere to get rid of the outmoded notion that every job requires two hands, two feet, and two eyes. It is necessary that employers or industrial engineers study the jobs in their plants from the point of view of hiring the disabled. The first step is the analysis of jobs from the point of view of physical demands, to determine those that are suitable to different kinds of handicaps and those that may be reconstructed so that the handicapped can perform them. The next step is to work out a system of studying individuals from the point of view of work demands. Some large employers are keying and coding their jobs and are keying and coding individual work abilities and disabilities in

order to adjust disabled persons on a large scale.

This pioneer work in the employment of the disabled opens up the possibility of a whole new science of work in relation to varieties of human capacity. Individuals have been studied as such, and industrial operations have been studied as such, but there is great need for more adequate study of the job and the individual as a functional unit.

The problem of the employment of the disabled has many aspects which cannot be touched upon here, including legal aspects, safety aspects, and many others.

Psychological adjustment

A problem which is of peculiar importance is the psychological adjustment of the veterans under employment conditions. A good soldier is a fighter; he is a man who is resourceful; he has been taught to act with speed and to use his own head in emergencies. The officers of the armed forces have been successful as leaders insofar as they have realized that they were dealing with citizen-soldiers. In the case of the employer the same thing is true in reverse. The employer, to be successful with the veteran, must view him as a soldier-citizen.

It must also be realized that the civilian status of the veteran often is not equal to the military status he has had. He may have had responsibilities calling for resourcefulness and may have had many under his command. Under civilian employment he may be put in a reverse position.

Or, to take another type of difference requiring adjustment, almost any job a soldier has had with the fighting forces has been diversified. Every man in an armored unit knows how to fire several kinds of arms, knows how to drive several mechanisms, trucks, tanks, and so forth, and knows a good deal

about the general military situation. When a man who has been using his whole personality is put at a bench to do routine operations a thousand times over during the day, there arises a psychological problem.

A certain percentage of the soldiers are shell-shocked, some more, some less. This difficulty will usually disappear under civilian conditions, but this and other changes do not take place immediately. It is necessary, therefore, to exercise patience, to give plenty of leeway, and to use understanding and good psychology in dealing with men who have been through war and have come back to the less exciting and more humdrum ways of peace.

These matters are only suggestive of a great variety of psychological adjustments which may be necessary and

which are often just as important as problems of physical adjustment.

OUR OBLIGATION

Our men are fighting a war abroad in which everything is at stake. Without their victory, all the aims and values for which mankind throughout the centuries has striven might be blotted out. A grateful nation will do everything in its power to heal the hurts of its wounded. In words adapted from a letter from Woodrow Wilson, dated November 29, 1918, this Nation has no more solemn obligation than that of restoring the disabled to civil life and opportunity . . . by developing and adapting the remaining capabilities of each man. The Government recognizes this, and the fulfillment of the obligation is going forward.

Rehabilitation of the Civilian Disabled

By MICHAEL J. SHORTLEY

INTEREST in rehabilitation is heavily underlined by the war emergency, which brings to public attention the extent of disabilities in the population and the part the physically impaired can play in the production work of the Nation. The critical shortage of manpower, which has drawn thousands of men and women with all types of impairments into the working forces, has taught some valuable lessons. The Nation has learned how prodigal it has been in its waste of human resources. Employers and employees have discovered that a disability need not debar from productive usefulness in many occupations. The vast number of men and women whose abilities can be utilized by removing the obstacles to their employment have been re-evaluated in terms of potential workers. And the services to effect their placement in remunerative employment have been revised and expanded.

These new concepts of disablement and rehabilitation are significant developments in social and economic thinking, which are being translated into action by a well-rounded program of vocational rehabilitation for the civilian disabled designed to meet war needs and to continue beyond the interests of war into the years of peace.

The lives of most people are organized around work. Vocational rehabilitation is, therefore, a service to conserve the Nation's greatest asset—the working usefulness of human beings. Just as there are public services for education and health, vocational rehabilitation is a public service for the disabled provided by the states—with Federal aid—not only as a humanitarian service, but because it is in line with Ameri-

can ideas of justice and good business to help the disabled to help themselves.

EMPLOYABILITY OF THE DISABLED

Most disabled persons can work efficiently if prepared for jobs compatible with their physical condition, aptitudes, and abilities. A man with a leg amputation can do anything at a bench or a desk that an able-bodied man of equal skill can do. A man with an arm amputation may still be a competent salesman, draftsman, or lawyer—to mention but a few occupations open to him. The deaf person is handicapped only in communication and not in the skilled use of mind and hands. Tuberculosis ex-patients and persons with heart defects are limited only in performing heavy manual labor and not in the duties of lighter skilled vocations. The blind compensate their loss of vision by quickened perception, power of concentration, and manual dexterity.

In fact, nearly every disabled person has far more vocational assets than are lost through his impairment, and it is only needed to develop his remaining skills and capacities, through physical restoration and vocational training, to the point of economic usefulness. Frequently the very fact of impairment acts as a spur to accomplishment when the individual realizes that he may compensate for the defect and gain success in a feasible type of activity.

An obvious result of rehabilitation, which might be termed an implied purpose, is that in restoring a disabled person to the human dignity of independence in productive work, the state lifts the individual and his family from despondency and indifference into contented, self-respecting citizenship. And

there is a further tangible benefit in the lessened burden of public relief.

The dimensions of the problem are estimated in terms of all handicapped persons whose employability can be improved; stressing not the mere earning of a livelihood as the final goal, but the reincorporation of the disabled as creative and responsible members of society. Specifically, the program provides for men and women who are injured in industry or by accident or by illness, or impaired by congenital defect.

NUMBER OF CIVILIAN DISABLED

Although there are no reliable data available on the current number of disablements from all causes or on the exact number needing rehabilitation, the need can be estimated among the civilian population in its broad proportions. The United States Public Health Service estimated in 1942 that there were approximately 23,000,000 persons in the United States with a chronic disease or physical impairment. This estimate was based on rates obtained in the National Health Survey of 1935 which were adjusted with figures from the 1940 population census.

The physically handicapped males between the ages 15 and 64 years (excluding vision defects), as identified in the National Health Survey, were separated by the Public Health Service into three groups with reference to their employability. In the first group, some 6,500,000 men were designated as able to work under usual industrial conditions provided they could be given vocational guidance and selective placement. It should be borne in mind, however, that the men in this group have disabilities which constitute potential obstacles to re-employment at each change of job. Slightly over 1,000,000 men were recorded in the second group as in need of vocational training and possibly medical care be-

fore employment could be obtained in business, industry, or agriculture. The third group, estimated at 350,000 men, was listed as so severely impaired by disease or accident that even after rehabilitation, employment in sheltered work—either in special shops or in the home—seemed the only possibility.

While the gross estimates of disablement were evenly divided between the sexes, only about one-fourth of the female population was in the labor forces. No estimates were, therefore, attempted on the employability of handicapped women or their need for rehabilitation services.

Furthermore, reports of the National Safety Council and the Bureau of Labor Statistics reveal that about 350,000 persons are permanently disabled in automobile, home, work, and public accidents each year. The needs for rehabilitation among accident victims vary as to individuals and their occupations. The total number disabled each year by chronic diseases whose employability is affected is at present indeterminate. It is, however, conservatively estimated by the agencies concerned with the employment of handicapped persons that rehabilitation services must be provided for between 80,000 and 250,000 newly disabled persons annually.

One additional authentic estimate emphasizes the record of disablement and the importance of rehabilitation. Injuries incurred on the home front alone represent an annual economic loss of \$5,000,000,000 and a yearly production waste of 350,000,000 man-days of labor.

LEGISLATIVE COVERAGE

The rehabilitation of the civilian disabled first became a legal obligation of government in the passage of the Vocational Rehabilitation Act of 1920. The Social Security Act of 1935 carried

the stabilizing provision for a continuous service. With this legislation, all forty-eight states, the District of Columbia, Hawaii, and Puerto Rico undertook a program which rehabilitated 210,000 persons into employment prior to July 1943. Rehabilitations through these years were limited not only by legislative restrictions on services and a fixed ceiling on Federal funds, but also by a marginal labor market through the depression period. The results of these pioneer years represent a small inroad into the potential case load of handicapped persons. They are meaningful to the disabled who could be served and in discovering the working tools needed. Still more important, they furnish a sound foundation of experience in rehabilitation on which to build a more comprehensive program.

Recognizing the limitations of the legislation and the unmet needs of the disabled, as well as their potentiality as a reservoir of untapped manpower, the Congress in July 1943 enacted a series of amendments to the Vocational Rehabilitation Act in Public Law 113, known as the Barden-LaFollette Act. In adopting these amendments, the Congress based its action upon the following statement of purpose and policy:

From the point of view of both Federal and state treasuries, and of the disabled themselves, experience has demonstrated that the best, as well as the most economical, approach is an appropriate program for vocational rehabilitation. Where a disabled person may be made fit for employment, through rehabilitation, and become a tax producer rather than a tax consumer, it would seem poor economy to deny him these necessary services. This is the dollars and cents justification of the program.

Under the provisions of the Vocational Rehabilitation Amendments, all services necessary to render disabled persons capable of engaging in remunerative employment, or of becoming

more advantageously employed, on a normal competitive basis are now available.

The act has been so written that the program includes the mentally as well as the physically disabled. Thus, psychiatric care can be provided for persons with mental disabilities, for persons with physical disabilities complicated by the presence of psychiatric difficulties, and for persons with mental retardation. Specific provision has been made for the blind; for war-disabled civilians, including merchant seamen; and for civil employees of the United States Government, injured in the performance of duty.

A separate program is provided by the United States Veterans Administration for the vocational rehabilitation of veterans whose disabilities are of service-connected origin or aggravation. Rehabilitation for veterans with non-service-connected disabilities, for those who incur disabilities after return to civilian life, and for the disabled members of veterans' families, is provided under the program for the civilian disabled.

FISCAL PROVISIONS

Federal fiscal provisions for the civilian program are considerably liberalized by the recent legislation in the removal of the fixed ceiling on Federal funds to carry out the program. The Federal Government is permitted to assume all necessary state administrative costs, including vocational guidance and counseling. The costs of medical diagnosis and treatment, prevocational and vocational training, and other similar services for the usual group of handicapped persons are shared by state and Federal Governments on a fifty-fifty basis; while the cost of services for war-disabled civilians receives full Federal reimbursement.

The most important new provision authorizes the use of Federal funds for the physical reconstruction of the handicapped so that they can as nearly as possible approximate normal work capacity. This provision revitalizes the rehabilitation axiom, "never train around a disability that can be remedied," and rounds out vocational rehabilitation services for a realistic attack on the problems of disablement.

OPERATIONAL AGENCIES

Through the co-operative Federal-state plan, the functions of program operation rest with the state boards of vocational education, each having a Division of Vocational Rehabilitation with a full-time director and a professional staff. Vocational rehabilitation for the blind is provided by the state commissions or agencies for the blind where legal authority exists for rendering rehabilitation services. Otherwise, rehabilitation for the visually handicapped becomes a function of the state rehabilitation agency.

The policy of using existing public and private facilities and of utilizing all resources of service is continued under the expanded program, rather than creating new facilities or attempting to equip one agency for the total job of rehabilitation. The program establishes no special works projects. Instead, training is obtained from public and private schools, from vocational training courses, and from in-service training on the job. No medical centers or hospitals are established. Medical and surgical diagnostic services and treatment are purchased or secured from practicing physicians. Hospital care is purchased from existing public and voluntary hospitals. Employment is secured in private business and in government on the customary business basis.

Professional guidance is furnished the

program by two advisory committees: the National Rehabilitation Advisory Council, composed of outstanding representatives of business and industry, labor, education, medicine, services to the blind, social welfare, and other interests closely allied to the problems of rehabilitation; and the National Professional Advisory Committee, representing the medical specialties most actively concerned with the adjustment of the disabled. Similar committees in each state give advice on matters of professional policy in the general operation of the program and make technical recommendations for physical restoration services to conform to the high professional standards of the medical specialty examining boards and approved hospitals.

THE REHABILITATION PROCESS

Since rehabilitation is a highly personalized service, the human engineering approach is made to each disabled person's problems, using the clinical methods of case work to formulate and carry out individual plans. For one, it may mean physical restoration or a prosthetic appliance so that he may return to his former employment or engage in a new one. For another, it may mean changing from unfavorable working conditions to a more helpful environment. To a third, counsel and advice may be given about entering upon a business venture. Many industrial workers must be retrained in industry or in shop training courses. Others take correspondence courses in their homes and are guided by tutors. Some are trained in commercial schools. Some can be prepared for the professions. Every disabled person presents a number of distinct problems, the solution of which requires understanding, imagination, patience, and ingenuity. Briefly outlined, the rehabilitation process covers certain integral factors, all or

part of which may be required for the successful adjustment of an individual:

1. *Finding the disabled.*—The activities of each rehabilitation worker include the maintenance of community contacts for the location of disabled persons as early as possible after disability occurs. Many persons in need of rehabilitation are referred by public and private agencies under co-operative agreements which provide for the interchange of information and experience, maximum use of facilities, and mutual referral of cases. Among the sources from which referrals are automatically made are the following agencies which have state-wide coverage: United States Employment Service, Department of Education, Department of Public Welfare, Department of Public Health, Department of Agriculture, Workmen's Compensation Commission, Selective Service System, American Red Cross, and Crippled Children's Societies. Other referrals come from social agencies, city and county officials, doctors, hospitals, churches, and private citizens. Often the disabled themselves apply for rehabilitation. Whatever the source of referral, every effort is made to take preliminary service to the disabled promptly so that rehabilitation may begin before despondency and hopelessness set in.

2. *Medical and vocational diagnoses.*—A thorough medical examination, which may include not only a general medical examination but such specialist and laboratory examinations as are required, is provided each applicant for rehabilitation to determine eligibility and to link his capacities with the physical demands of jobs. From this a medical diagnosis is made. Similarly, a vocational diagnosis is made by aptitude tests and interviews regarding interests, education, work experience, and other characteristics which facilitate or hinder satisfactory vocational

adjustment. These two diagnoses form the basis for determining an appropriate rehabilitation plan, which is formulated in co-operation with the disabled person, and undertaken with the consent and co-operation of his family.

3. *Advisement and counseling.*—The continuous service that binds all the rehabilitation services into an organized plan is that of vocational advisement and counseling, which begins with the initial interview and runs through to placement in employment. Counseling helps the disabled person to understand his assets and liabilities, the causes of his present problems, and the steps necessary to correct these difficulties. It plays an important part in the selection of suitable fields of work by relating occupational capacities to job requirements and community occupational opportunities. Vocational advisement and counseling, also, represents that part of the rehabilitation process whereby the resources of community and state are drawn upon for the physical restoration of a disabled person and his preparation for a job objective.

4. *Physical restoration.*—The physical reconstruction of a disabled person may include any type of medical or allied services which will aid in eliminating or substantially reducing an individual's disability as an employment handicap. Medical, surgical, and psychiatric services; physical and occupational therapy; hospitalization; dentistry; care in a convalescent or nursing home; drugs and supplies; and prosthetic appliances (including artificial limbs, braces, hearing aids, eye glasses, dentures, and so forth) are provided as necessary to improve employability. Medical advice is used in selecting the type of training to be given in preparation for employment and in determining the work tolerance of an individual.

5. *Vocational training.*—Training is provided as one means of preparing for

employment, and includes mental and manual, prevocational, vocational, and supplementary training. Regardless of the nature of training, it must be directed towards the achievement of a definite vocational goal.

6. *Maintenance and transportation.*—A number of auxiliary services are provided to enable a disabled person to take full advantage of the major rehabilitation services. Maintenance to cover essential living expenses, transportation, and training materials and supplies may be furnished the disabled person while he is receiving any of the rehabilitation services. Occupational tools, equipment, and licenses may be supplied when necessary to employment.

7. *Placement in employment.*—The placement of a disabled person in employment where the best use of skills and abilities will be made and with due care to safeguard against further injuries, is the culmination of satisfactory rehabilitation. No rehabilitation case is closed until the disabled person is on the job, adjusted to the job and working conditions, and receiving a wage commensurate with wages paid to regular workers in the occupation.

TERMS OF SERVICES

Physical examination, counseling, training, and placement are available at no cost to the disabled. Medical treatment, transportation, maintenance, instructional supplies, and occupational tools and equipment are provided without cost if the applicant is unable to pay for these services from his own resources.

There are other limitations with respect to physical restoration services; in the first place, the services to be rendered must be expected to reduce substantially or eliminate the employment handicaps. Also, treatment may be given only for conditions which are

relatively stable and remediable. These requirements differentiate the conditions to be treated under the program from ordinary acute illness or injury. They do not, however, imply that the end results of a long-term illness must be awaited before rehabilitation services can be started. For instance, it would not be necessary to await the onset of total blindness before a person with glaucoma could be treated as a part of the process of rehabilitation. Hospitalization is limited to a period of ninety days. This limitation distinguishes the vocational rehabilitation program from programs providing long-term care for chronic illness. To sum up: The services for the physical reconstruction of the disabled emphasize constructive medical measures designed primarily to assist handicapped persons to obtain gainful employment.

Rehabilitation is, of course, more than a medical or vocational problem, and includes, as well, the less tangible factors of spirit and mind. The doctrine of "not what is gone; but what is left" must motivate rehabilitation and form the basis on which restoration is undertaken. In the adjustment to a disability and the preparation for return to normal life, a man's courage, interest, and will must be enlisted; and throughout the whole process of rehabilitation, there must be a sense of directed objective, which is "hope" expressed in another way. This is the part of the program in which families and friends of the disabled have so large a part to play.

CO-OPERATIVE AGREEMENTS

The rehabilitation of the disabled is a vertical segment of many fields at the point where related programs come together. Program operations, therefore, rely upon the development of co-operative agreements to correlate activities and to avoid wasteful duplication of

services. In the Federal agencies, these co-operative agreements are statements of certain basic principles which become working arrangements within the states. Covered in these agreements are three elements of co-operation, reciprocally desirable: the interchange of information and experience, maximum use of all facilities, and mutual referral of cases. Each agreement provides for safeguarding the confidential nature of information, and also for working out, by mutual consideration, such other co-operative measures as local conditions require.

Among the agreements which have been effected are those with the United States Employment Service of the War Manpower Commission; United States Public Health Service; United States Civil Service Commission; Bureaus of Old Age and Survivors Insurance and Public Assistance of the Social Security Board; United States Veterans Administration; War Shipping Administration; United States Employees' Compensation Commission; and the Children's Bureau and the Wage and Hour Administration of the Department of Labor.

Close relations have existed for many years between the state rehabilitation agencies and the state industrial commissions, state crippled children's societies, state tuberculosis and hard of hearing associations, and the state agencies for the blind, the latter of which are now a part of program operating forces. Relationships are being established with other voluntary agencies which have a stake in rehabilitation for the exchange of advice and services in the expanded program.

INDUSTRIAL EXPERIENCE WITH THE HANDICAPPED

During the twenty years of program operation prior to the advent of war,

each person rehabilitated into employment became a demonstration to some community and to some employer of the utilization of the physically handicapped who are carefully prepared and selectively placed. With the emergency labor shortage, the extensive use of disabled workers put this demonstration on a national scale almost overnight. According to the National Association of Manufacturers, 83 per cent of the Nation's industries are now employing handicapped persons; while 41,823 disabled men and women, 591 of whom are blind, have entered the Federal service in the past twenty-four months. In the heavy government industries, in professional positions, and in clerical jobs, scattered throughout the continental United States.

Several efficiency studies of record attest the good job disabled workers are doing. The recent survey made by a committee of the American Association of Industrial Physicians and Surgeons in a large industrial plant compared the working abilities of 685 employees having physical impairments with the same number of nondisabled over a given period of time. The findings of this survey show that: 8 per cent fewer of the disabled resigned; 7 per cent fewer absences were reported for the disabled; 7½ per cent fewer discharges occurred among the disabled; 5½ per cent fewer accidents occurred among the disabled; and the earnings of the disabled increased 4½ per cent against 4 per cent for the able-bodied.

Even more telling and impressive is the evidence that comes in a study directly from 117 major industrial establishments that have employed disabled people in the past and are employing them now in substantial numbers. These replies indicate conclusively that physically impaired workers produce as much as or possibly a little more than able-bodied employees; while of note is

the practically unanimous report that disabled workers are dependable, regular in attendance, and careful in observance of safety regulations.

The industrial accident rate of disabled workers, as reported by 87 of these great industrial plants each having from 50 to 12,000 handicapped employees, shows some interesting figures: 56 per cent of the employers found the accident rate lower than for the able-bodied; 42 per cent stated that the rate was the same as for the able-bodied; only 2 per cent found it to be higher among the handicapped.

ECONOMIC RESULTS

This wartime experience in channeling the disabled into jobs did not just happen. It is the result of a concerted effort in which private industry and governmental rehabilitation and placement agencies are co-operating. There are net gains in learning to mobilize and use disabled manpower, which will form a basis for a sound national policy to restore every possible disabled person to that useful place in peacetime production which he is potentially capable of assuming.

For many persons permanently disabled, some form of support must be provided. In the past, this has too often meant general public assistance,

not only for the disabled individual but also for his family, with the burden falling mainly on local assistance rolls. The average yearly cost of such aid is \$300 to \$500 per case. Vocational rehabilitation costs on the average \$300 and is, moreover, a nonrecurring expenditure.

The results of these services measured over the fiscal year 1944, in which the states rendered service to 145,000 disabled persons and restored 44,000 of them to employment, show the returns that accrue from the investment. Of these 44,000 persons, 22.9 per cent, or 10,076, had never been employed. Almost 89 per cent, or 39,072, were not working at the time rehabilitation services began. The total earnings of the 44,000 amounted to \$6,283,200, the year prior to rehabilitation. Their earnings after rehabilitation amounted to approximately \$6,500,000 a month.

The difference between unemployment and dependency and employment and self-support, as it affects both the individual and society, cannot be limited to entry in the financial ledger. Vocational rehabilitation—in the re-establishment of independence, the utilization of abilities, and the development of skills—has values that are also measured in terms of citizen morale, community strength, and national security.

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Placement Service for Disabled Veterans

By K. VERNON BANTA

THERE shall be an effective job counseling and employment placement for veterans," states the "GI Bill of Rights" (Servicemen's Readjustment Act of 1944, Title IV, Chapter VI). The mandate of Congress will have been carried out when "job counseling and employment placement services" are available and "effective" for both disabled and nondisabled veterans. A greater measure of service, special tools and techniques, special methods and procedures, and a sharpening of all the tools of counseling, guidance, and placement are vitally important if the disabled veteran is to secure the benefits intended for him under the GI Bill of Rights. New tools will need to be forged. Present obstacles must be leveled or bridged over and new paths charted, in order that the disabled veteran shall have what that act terms "maximum of job opportunity."

GROWTH OF VETERANS EMPLOYMENT SERVICE

The need for special assistance for discharged servicemen who were seeking jobs was recognized soon after World War I, when an employment service for veterans was established. Personnel of the United States Employment Service were assigned to demobilization centers in the United States and abroad to register the soldier or sailor who desired assistance in securing employment. Veteran applicants were referred to interested employers through state and local defense councils and welfare organizations, with the United States Employment Service acting as a clearing house for the exchange of information.

In 1928 a Veterans Employment Service in the United States Employment

Service of the Department of Labor was authorized by Act of Congress. Limited funds prevented the development of an effective country-wide program, and the services were restricted to a few of the larger cities.

The Wagner-Peyser Act of June 6, 1933, Section 3(a), reorganized the Veterans Employment Service of the United States Employment Service and provided for extensive expansion of all offices. Through the designation of a veterans employment representative in each of the 1,500 local employment offices throughout the United States, the employment interests of veterans were promoted.

The GI Bill of Rights created a Veterans Placement Service Board, consisting of the Administrator of Veterans Affairs (Chairman), the Director of the National Selective Service System, and the Administrator of the Federal Security Agency, or whoever may have responsibility for administering the functions of the United States Employment Service. This Board has authority to determine all matters of policy relating to the administration of the Veterans Employment Service of the United States Employment Service.

The United States Employment Service is directed under Section 601 of the act to assign a veterans employment representative to each of the states, who shall be administratively responsible to the Veterans Placement Service Board and shall have authority and responsibility for carrying out the policies determined by the Board. When deemed necessary by the Board, an assignment of a local veterans employment representative, with similar duties and responsibilities, shall be made in the local offices of the United States Employment

Service. Principal responsibilities of the veterans employment representatives include: (1) functional supervision of local office activities relating to veterans, (2) promotion of employment interests of veterans with employers and others, (3) maintenance of liaison relationships with employers and veterans' organizations in furtherance of the employment interests of veterans.

COUNSELING TOOLS

The Employment Service program for studying occupations for the handicapped was started in 1936 at the St. Paul-Minneapolis office of the Occupational Research Program of the United States Employment Service, under the direction of the author. Extensive review of literature, material, and experiences dealing with occupations for the handicapped was made and the conclusion reached that lists of occupations for the various types of handicapped emphasize disabilities and do not adequately meet the need for systematic and proper placement. In accord with this conclusion, lists of occupations for the handicapped have been discontinued. In their stead, the job analysis technique has been refined as it relates to physical requirements of jobs, and the "physical demands analysis technique" has been adopted for all studies and releases relating to occupations for the handicapped.

In arriving at this conclusion, appropriate emphasis has been given to the fact that there are individual differences among workers in their physical capacities and that there are differences among jobs in their physical demands. If all workers were rated on capacity for walking, the range would extend from those who were bedridden and could not walk at all to those who were most able-bodied and could walk without limitation. Similarly, workers vary in ability to see. There are those

who are totally blind, those who have traveling vision, those who are industrially blind, those who are nearsighted or farsighted, and those who have exceedingly good vision.

Variations in physical capacities among workers having the same anatomical losses may be a result of any one or a combination of factors. Some of the influencing factors are: (1) the degree to which an individual, on his own initiative or through specific training, has been able to overcome the handicapping effect of a physical disability by making an adjustment to it or by developing compensating physical abilities; and (2) the effectiveness of prosthetic appliances. Some workers will not use the prosthetic aids, and others will be able not only to compensate almost fully for the loss of a hand or foot but will have more capacity for some activities than a person without such a disability.

Copies of all physical demands analysis forms prepared in the field by the United States Employment Service occupational analysts are forwarded to headquarters, where the information contained thereon is processed and released for nation-wide use. This information is found in publications by the Division of Occupational Analysis of the War Manpower Commission, such as "National Physical Demands Information Series," "Job Family Series," "Job Descriptions," and other occupational information releases of the Division. The Division has also developed two groupings of occupations suitable for the placement of blind persons, namely: "Machine Feeding or Tending Occupations Suitable for the Employment of the Totally Blind," and "Simple Assembly Occupations Suitable for the Employment of the Totally Blind."

The Division has published *Special Aids for Placing Navy Personnel in Ci-*

vilian Jobs, and *Special Aids for Placing Military Personnel in Civilian Jobs (Enlisted Army Personnel)*.¹ The special aids have been prepared from information supplied by the Army and Navy. They describe the work, duties, skills, knowledge, and abilities possessed by the serviceman holding such a rating or classification. They also show the related civilian occupations with similar patterns of skills, knowledge, worker characteristics, and machines, tools, and equipment used. Each of the groups of related civilian occupations is followed by a statement of the training needed by the serviceman in order to perform on the civilian job. Also included is an estimate of the principal physical demands of the civilian job in such terms as walking, standing, reaching, carrying, and so forth, and of the working conditions, such as inside, outside, high temperature, noisy, mechanical hazards, and others. The statement of physical demands and working conditions was included primarily for use in placing disabled veterans.

The Reports and Analysis Service of the War Manpower Commission publishes a bi-monthly report called "Labor Market Information for United States Employment Service Counseling, Area Statements," which are brief summaries of labor market information and employment opportunities for each of more than a hundred major employment centers of the Nation. The Service also issues a series of publications entitled "Labor Market Information for United States Employment Service Counseling, Industry Series,"² which present in

summary form information pertaining to a number of the major industries, indicating the nature and location of the industry, occupational structures, wages and hours, working conditions, and current and postwar job prospects in the industry.

PLACEMENT PROGRAM

Placement and job counseling activities for veterans under the GI bill are lodged in the local offices of the United States Employment Service. Early in 1944 there were established in seven cities special demonstration employment offices in each of which was a well-qualified staff member with primary responsibility for serving disabled veterans. Special training was given this staff member in the selective placement technique which is the basis of the United States Employment Service program for placement services for the disabled. Since the close of the demonstration period, the plan for selective placement of the disabled has been extended to all of the 1,500 offices of the United States Employment Service.

Development of procedures, materials, and tools has been directed toward giving the greatest emphasis possible, consistent with practical and economical administration, to an effective solution of the employment problems of disabled veterans. When it is apparent that no problem exists which would complicate the adjustment of the veteran in a job, no special service is accorded. If it is apparent or suspected, however, that the individual has had or will have difficulty in obtaining employment, the specialized service is provided.

¹ Both obtainable from Supt. of Documents, Government Printing Office, Washington, D. C. Address Division of Occupational Analysis, War Manpower Commission, Washington 25, D. C., for list of completed job information publications available through Government Printing Office.

² Both series of releases are available to

government agencies, persons and labor organizations concerned with the manpower program, schools, vocational guidance groups, and management-labor committees, upon request to Reports and Analysis Service, War Manpower Commission, Washington 25, D. C.

Types of problems which would indicate the need of selective placement services are: (1) need to change or modify an occupation because of newly acquired disability, (2) no significant work experience as a basis for placement, (3) difficulty in securing employer acceptance because of a disability, (4) need for special care in placement to ensure job which will not aggravate a disability or result in undue hazard to self or fellow workmen, and (5) need for services of another agency for training or other preparation before the individual can or should be placed.

HOSPITAL REGISTRATION PROGRAM

Early in 1942, in co-operation with the War and Navy Departments, the Veterans Employment Service made arrangements for trained personnel of the United States Employment Service to interview disabled service personnel at military and naval hospitals prior to their discharge and to refer them to employment through local public employment offices serving the communities to which they return.

The advantage of taking predischarge registration of veterans lies chiefly in the fact that it is possible for Employment Service interviewers to secure from medical personnel at service hospitals information concerning the possible effect of the serviceman's disability on his future employment. Also, by obtaining records of the qualifications of service personnel prior to their discharge and transmitting such records to the local offices serving the communities where the veterans will seek employment, it is possible in most instances to expedite placement upon their arrival. Men are also often referred directly from the hospitals to jobs.

In registering and classifying the person about to be discharged, major stress is placed upon inclusion on the regis-

tration card of information concerning his disabilities which is generally not obtainable otherwise and which can be expressed in lay occupational terms readily understandable by local employment office personnel. The information thus secured is handled on a confidential basis in accord with policies of the Army and Navy. Whenever a serviceman is found to be qualified in a professional or scientific field, that information is made available to the National Roster of Scientific and Specialized Personnel of the War Manpower Commission.

TRAINING FOR EMPLOYMENT PERSONNEL

All personnel in the employment office are trained to recognize the need for selective placement and to promote the interests of the disabled veteran with employers. The efforts of specialized personnel are closely co-ordinated with those of other personnel to make the most effective use of all Employment Service work in behalf of disabled veterans and to remove possibility of duplicating efforts. Organizational plans of the Employment Service provide for part-time or full-time technically trained persons at the administrative levels in each state and in each local office, who perform a staff function and advise other personnel and supplement the regular employment office program in the interests of the disabled.

Training plans for supervisory and interviewing personnel provide for training in the problems of the disabled on a continuing basis. The Employment Service has prepared and adopted as its textbook for serving the handicapped, the handbook *Selective Placement for the Handicapped*.³ This handbook presents the principles of individualized service for the handicapped and has incorporated the physi-

³ Not available for general distribution.

cal demands analysis technique as a basic tool. Included is a section which details the method of physical demands analysis and the appraisal of physical capacities in the same terms. An extensive training program for selective placement personnel in local offices has been prepared and presented to the field.

TRAINING FOR EMPLOYERS

Governmental and private agencies may develop and carry out excellent plans for rehabilitation and re-employment of disabled veterans, but employment will depend upon the attitude and the preparatory measures taken by small as well as large employers throughout the Nation. Many employers have developed and adopted excellent plans which will ensure consideration of the disabled veteran on any job on which he can give satisfactory performance. A great many employers are opening their plants to the employment of any disabled veteran, whether he holds re-employment rights to a job or not. It would be unfortunate if any significant numbers of employers restricted employment of disabled veterans to those who had been in their employ prior to entering military service.

To promote interest in and understanding of the selective placement method developed and adopted by the United States Employment Service, the State Veterans Employment Representative in a number of states has promoted selective placement training institutes for the benefit of personnel, safety, and other employer representatives. At these institutes the principles of selective placement are explained and demonstrated.

Conferees are given instruction in the physical demands analysis technique and in the appraisal of physical capacity, using the physical demand and

physical capacity appraisal forms in use in the Employment Service.

Emphasis is also placed on other phases of plant management, particularly supervision, training, job re-engineering, follow-up, and evaluation. Supervisors play an extremely important role in the employment of the disabled, and should be given instruction in the special problems of supervision presented by some types of the disabled, notably the hearing disabled, the blind, and the emotionally handicapped. Supervisors should have an understanding, objective attitude toward the disabled, and participation in the placement process will ensure better acceptance.

The services of the Division of Vocational Rehabilitation of the Veterans Administration and the state vocational rehabilitation agencies affiliated with the Office of Vocational Rehabilitation of the Federal Security Agency will frequently facilitate the training or retraining of the disabled veteran. Re-engineering of jobs by the change of controls or the elimination of duties calling for physical activities unsuited to the disabled individual will very often ensure a suitable and safe job where otherwise it would be impossible to employ the disabled person. By follow-up and evaluation of performance, a close watch can be kept on progress and production. Through shifting to a more suitable job, additional training, or other services available in the plant or in the community, the disabled veteran can continue to be a well-adjusted employee.

SERVICES OF OTHER GOVERNMENTAL AGENCIES

The Retraining and Reemployment Administration of the Office of War Mobilization, authorized by Public Law 458, 78th Congress, Title III, is given general supervision and direction of the executive agencies (except the

Veterans Administration) having responsibility under law for providing re-employment and vocational rehabilitation services.

The Selective Service System, under authority of Section 8(g) of the Selective Service and Training Act of 1940, has responsibility for establishment of a Personnel Division for the twofold purpose of (1) rendering aid to veterans seeking reinstatement in jobs held upon induction into the armed services and for which they hold re-employment rights, and (2) rendering aid to veterans seeking new positions. By agreement dated February 7, 1944, between the Director of Selective Service and the Chairman of the War Manpower Commission, the Selective Service Director, acting through State Directors of Selective Service and local boards, assumes responsibility for enforcing the rights of returned service personnel to the jobs for which they hold re-employment rights, and the War Manpower Commission, through the facilities of that organization, is requested to assume responsibility for placing returned veterans in new employment.⁴

It is not enough to say, as did the

⁴ The placement services of the Veterans Administration and of the Office of Vocational Rehabilitation, Federal Security Agency, are discussed in the articles in this volume by Frank T. Hines ("Vocational Rehabilitation Program of the Veterans Administration") and Michael J. Shortley.

traveler to Rebecca's crippled messenger, recorded in Sir Walter Scott's *Ivanhoe*, "Hast thou the palsy in thy legs? Then let thy hands work for thy livelihood; for albeit thou be'st unfit for a speedy post, or for a careful shepherd, or for the warfare, or for the service of a hasty master, yet there be occupations."

All are willing to agree that there should be a job for every disabled veteran. Putting that agreement into action requires that government and community agencies, industry, and business take specific steps to ensure that consideration of the disabled veteran for employment shall be on the basis of what he can do—not what he cannot do. Workmen's compensation legislation, disability and retirement insurance, other legislative acts affecting employment of disabled persons, industry and government practices or policies, traditional attitudes of fellow citizens and of society—all these must be subjected to critical review. Wherever they present obstacles, they must be revised or eliminated. Only by the united efforts of community agencies, schools and colleges, in short, all the organized strength of the community, can the disabled veteran be assured his right to the pursuit of happiness and an occupation in which he can perform with dignity and credit to himself and his employer.

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The Disabled Veteran in the Federal Government

By ELIZABETH COSGROVE

THOUSANDS of disabled workers, veterans and others, have been placed successfully and have indicated thereby that a disability does not, in itself, constitute a permanent vocational handicap. The cases of two young veterans of this war are typical.¹

One young veteran who was appointed as Junior Clerk in a Federal agency in February 1942 was among the first marines to land on Guadalcanal in the late summer of the same year. Irregular meals and extreme fatigue resulted in "war exhaustion" and he was evacuated. After receiving medical care he was given an honorable discharge. Returning to his civil service position, he was soon promoted, evidence of his recovery and ability to readjust to civilian life.

The Junior Clerk position vacated by this promotion was filled by another World War II veteran who, after a leg injury at Manila and a later illness, received a medical discharge from the Army.

The disabled veteran is, like other individuals, capable of change and development. Persons with orthopedic defects, blindness, hearing defects, arrested tuberculosis, compensated heart disease, psychoneurosis, and other disabilities are found performing satisfactorily in many kinds of occupations in Government. Some of them are carrying heavy responsibilities in technical, scientific, and professional positions. The deaf boilermaker, the blind stenographer, the draftsman with organic heart disease, and the armless telephone operator have proved to be as competent as any other workers, provided

they have been given the proper training and have been properly placed.

GOVERNMENT'S INTEREST IN EMPLOYING DISABLED VETERANS

The Civil Service Commission and the agencies of the Federal Government which it provides with qualified persons are determined to see that placement of veterans is continuously expedited. They are likewise determined to see that no veteran is placed in a position the duties of which he cannot perform satisfactorily.

A program for the placement of the physically handicapped has been in operation in the Federal service for several years. Under it, physical requirements of positions are surveyed and placements are made accordingly. Progress in surveying positions according to their mental and emotional requirements has only recently begun, since such requirements are more difficult to define.

Many appointing officers, supervisors, and others engaged in personnel work in Government are seeking to learn more about the significance of certain types of human behavior which are frequently referred to as "neurotic." Government, like other large employers, has learned that the catchall diagnosis of psychoneurosis is one to be avoided. Instead, the particular psychiatric condition which interferes with a person's adjustment is being studied in relation to his specific work assignment. It is recognized that emotional disorders are not always destructive and that they may constitute a talent that is responsible for a social contribution and personal satisfaction.² Constructive at-

¹ From the *Letter to Regional Directors*, July 6, 1944, No. 96, United States Civil Service Commission, Washington, D. C.

² George K. Pratt, *Soldier to Civilian* (New

titudes on the part of Federal appointing officers, the disabled veteran, and veterans' fellow employees are being encouraged by the medical staffs of the Commission and the agencies, and by the United States Public Health Service.

The necessity for, and interest in, joint planning for the veteran are further evidenced by action of the Council of Personnel Administration in planning for the reception, the readjustment, and the training of the veteran.

THE SETTING IN WHICH THE DISABLED VETERAN IS EMPLOYED

At the end of December 1944 the total number of paid civilian employees in the executive branch of the Federal Government was approximately 2,860,000.

Federal agencies determine the nature of their own programs and their personnel needs. The number of employees in any agency is subject to control by congressional action and must not exceed personnel ceilings determined by the Bureau of the Budget.³ More than 95 per cent of Federal civilian personnel are within the jurisdiction of the Civil Service Commission.

The Commission was created by Act of Congress in 1883.⁴ It is composed of three Commissioners appointed by the President of the United States. The Commission operates through its central office in Washington, D. C. and through thirteen regional and twelve branch offices in the forty-eight states and the District of Columbia.

The principal functions of the Commission include the following: to establish qualifications standards as a basis for original appointment, reinstatement, transfer, and promotion; to conduct examinations; to administer the Veterans'

Preference Act of 1944; to provide qualified personnel, on request, to Federal agencies; to classify positions according to their duties and responsibilities; to administer the efficiency rating system; to maintain service records of Federal employees; to co-ordinate Federal employment procedures with War Manpower Commission's regulations; to conduct investigations; to administer provisions restricting political activity by Federal, and certain state and local, employees; to aid in preventing discrimination because of race, creed, or color; to issue regulations for reductions in force; to administer four Federal retirement acts; to issue regulations for the execution of the Civil Service Act and rules and to approve civil service provisions of agencies' personnel regulations; to provide leadership in improving Federal personnel administration.

In order to perform these functions, it is necessary for the Commission to have a clear understanding of the agencies' current personnel needs and problems. This understanding is obtained through the work of Civil Service Commission representatives assigned to specific agencies, through examiners, through other members of the Commission's staff, and through the Council of Personnel Administration. The Council of Personnel Administration is composed of the directors of personnel of the various Federal agencies and designated representatives of the Commission and of the Bureau of the Budget.

The Central Council is in Washington, D. C.; field Councils of Personnel Administration have been established in twenty-eight localities over the country.

POLICIES AND LEGAL PROVISIONS FOR EMPLOYMENT OF VETERANS

The Selective Training and Service Act of 1940, as amended, provides un-

York: Whittlesey House, McGraw-Hill Book Co., 1944), p. 110.

³ Public Law 49, 78th Cong.

⁴ Act of Jan. 16, 1883, Stat. 403, 5 USC 1940 ed. 632 *et seq.*, 40 USC 1940 ed. 42.

der certain conditions for the restoration to government employment of former government employees.

The Veterans' Preference Act of 1944⁵ gives preference to veterans in connection with Federal employment.

These laws have been dealt with in detail in other articles in this issue. The Commission's regulations have been amended for enforcement and administration of these laws.

On February 26, 1944 the President of the United States addressed a letter to the heads of executive departments and agencies directing them to give special emphasis to the placing of veterans. On the same date he authorized the Civil Service Commission to serve as his representative in issuing instructions as to just what the departments and agencies should do, under specific sets of circumstances, in connection with granting re-employment to veterans.

On November 27, 1944 the President issued an Executive order⁶ which provides that when a disabled veteran has completed, in a Federal agency, a course of training prescribed by the Administrator of Veterans Affairs, he may be appointed to the position for which the training was received. Provision is made in the order for recommendation for appointment by the employing agency and for examination by the Civil Service Commission.

Federal agencies, in their desire to do everything possible for employees who joined the armed forces, have gone far beyond the legal requirements. Many of the agencies are already making concrete plans for the effective placement and utilization of veterans.

PLACING THE DISABLED VETERAN

Representatives of the Civil Service Commission are stationed at Army and

Navy hospitals and separation centers to assist the Army and Navy personnel officers and to consult with discharges who may be interested in government employment. In the military hospitals there are local boards of Civil Service examiners, trained to administer Civil Service examinations for Federal positions.

A small staff of Commission officials devotes full time to performing essential liaison functions with the public, with Federal agencies, and with the operating divisions of the Commission in relation to the employment of veterans. By so doing, these officials are able to recommend bases for co-ordination and improvement of the Commission's aggressive efforts in the placement of veterans. A veterans Federal employment representative stationed at each of the Commission's thirteen regional offices performs a similar service on a regional scale.

In each examining unit in the Commission's central office and in each regional office of the Commission there is a veterans placement examiner, whose principal function is to make certain that each veteran who has been found eligible for Federal employment by the Commission is given every consideration to which he is entitled.

In the central office of the Commission there is an Interview Unit whose services are available to all Federal employees and to persons seeking Federal employment. To that unit, veterans may be referred for guidance on employment opportunities. In some instances the unit's interviewers may advise the veteran to seek employment outside of Government, because of the nature of his experience. In the regional offices, similar services are available. The units are being staffed with employment counselors who will provide vocational guidance to veterans who seek such guidance.

⁵ Public Law 359, 78th Cong.

⁶ Executive Order 9503, Nov. 27, 1944.

Among the aids used in recruiting veterans is a booklet, *From Military Service to Civil Service*, which helps the veteran to find out quickly how he can enter Government service.⁷

Recruiting

The Civil Service Commission, through its examiners and representatives, anticipates with Federal agencies what their personnel needs will be over given periods of time. It then proceeds to recruit and examine a sufficient number of applicants. Qualifications are agreed upon in advance by the Commission and the agency for which recruiting is being done.

The names of eligibles, veterans and nonveterans, are placed on registers or lists. Ten points are added to the ratings which disabled veterans earn in Civil Service examinations. Five points are added to the earned ratings of non-disabled veterans who have established veteran preference. The names of persons granted five-point preference, and of nonveterans, are entered on the lists in the order of their ratings, as augmented by preference if any. The names of veterans whose ratings have been augmented by ten points are placed at the head of appropriate registers except in the case of scientific and professional positions where the salary is \$3,000 a year or more.

Under wartime regulations, appointments are now made for a period not to exceed the duration of the war and six months thereafter.

Examinations

The Commission's examinations are held for specific positions, for which definite qualifications are established. It is the Commission's obligation to

supply competent personnel to fill these positions. Disabled veterans, like other applicants, are, therefore, called upon to meet the requirements of the positions to which they are certified.

A program is being developed by the Commission to determine standards and methods for evaluating military training and experience in terms of requirements of Federal positions. Placement aids developed by the Army and the Navy, in co-operation with Occupational Analysis Section of War Manpower Commission, will be useful in this connection. The Commission is not unmindful of the importance of developing tests adapted to persons with special physical handicaps.

Placement within an agency

After an employee has been assigned to a position in an agency, the resources of the agency's programs of orientation, in-service training, follow-up, employee relations, counseling, health, safety, and utilization are called upon. These programs have special significance for the disabled veteran, who in some cases may temporarily need help in adjusting to civilian life.

The Commission has issued suggestions to agencies to assist them in judiciously placing physically handicapped veterans returning from military furlough, veterans entering the government service for the first time, and veterans who are having difficulties in adjustment. The purpose of these suggestions is to aid appointing officers in selecting cases to be presented to the Commission's Medical Division for advisory opinions on employability. The suggestions emphasize the following points: (a) each veteran's problem should be analyzed on an individual basis; (b) his situation and condition before entering military service should be viewed in relation to his present adjustment; and (c) he should be given an oppor-

⁷ *From Military Service to Civil Service*, Washington: United States Civil Service Commission, 1944.

tunity to "adjust" himself before anyone tries to "adjust" him.

Pointing out that it takes time to make a civilian out of a soldier, just as it takes time to make a soldier out of a civilian, the Commission includes in the suggestions simple, direct explanations of the factors entering into the emotional difficulties of veterans, and draws contrasts between military and civilian life. The Commission states clearly that it regards it as unfair to deny a veteran the opportunity to resume his civilian occupation simply because he may have developed an emotional disturbance when faced with a situation in the armed forces which he will probably never have to face in civilian life.

TRAINING OF VETERANS

Training programs for veterans specifically authorized by Federal laws have already been described in this issue of *THE ANNALS*. Most of the agencies conduct their training programs without regard to whether or not the employees to be trained are veterans. Training officers of Federal agencies recently attended a meeting at which training for the handicapped was discussed. Although the emphasis was placed on training of the clerical worker, the discussion showed that many experienced government training officers believe that the disabled veteran must not be separated from other employees in training. To do so magnifies the handicap in the eyes of the veteran and his fellow employees, and prolongs any training difficulties which may exist. A number of statements made at the meeting placed emphasis on individualized study of each job in relation to the disabled veteran, the use of rehabilitation resources, and the relation of training to other parts of personnel management. One of the discussants pointed out that there probably has been too much of a veil of mystery

thrown around the training of the returning veteran. He indicated that the returning veteran usually presents no more of a problem than anyone else, and that this is especially true if he has had proper guidance, counseling, and medical consideration before he is placed in training.⁸

Many agencies have physicians and nurses, either on part time or full time, some of whom are assigned by the United States Public Health Service. All agencies are free to consult with the Medical Division of the Commission for advisory opinions on placement problems.

The Public Health Service has established a Mental Hygiene Unit of the Employees' Health Service, and agencies have referred many problems of adjustment to this unit in the last year and a half. This unit has clinical facilities including psychiatrists, psychiatric social workers, and psychologists. It receives cases for diagnosis, and assists, in an advisory capacity, in the training and placement programs of agencies requesting such service.

At present this service is available only to agencies in the District of Columbia. The unit is anticipating the need to render additional service. Its director sees the problem of handling the veteran who suffers from nervous disorders to be one not for the psychiatrist alone but for personnel officers also. This is because he believes that rehabilitation must be carried on in a work situation and that there will not be sufficient psychiatric service available to assist those veterans who may seek or need it. Psychiatrists who know the nature of work programs in government will have to give mental hygiene guidance to personnel officers

⁸ From a summary of talk by Mr. John McCammon at Interagency Stenographic Conference, Departmental Auditorium, Washington, D. C., Dec. 21, 1944.

in order to help them in the rehabilitation of veterans.

A bill has been introduced in Congress⁹ which would authorize Federal agencies to establish health programs. With disabled veterans seeking government employment in increasing numbers, such legislation is of great importance. If all agencies which need complete health programs are able to establish them, the medical and psychiatric services available through these programs will be of inestimable value in assisting appointing officers in making suitable placements of disabled veterans.

PLACEMENT OF THE PHYSICALLY HANDICAPPED

The experience of the Civil Service Commission in recruiting and placing the physically handicapped in the last three years has offered a valuable foundation for placing disabled veterans.

The Commission foresaw, prior to the beginning of World War II, that the usual sources of recruiting would not furnish a sufficient supply of eligibles to satisfy the increasing demands of the Federal war agencies. It also foresaw the necessity of preparing for the return of the disabled veteran. The entire program of placement of the physically handicapped was planned, and has been put in operation, by the Commission's Medical Division as a special aspect of its regular function of devising minimum physical requirements for positions in the Federal service.

The program for placing the physically handicapped includes: evaluation of physical requirements of positions, as determined by job analyses; distribution of information concerning suitable occupations for the handi-

capped; co-ordination of training, recruitment, and placement between the Commission, state rehabilitation services, and other rehabilitation agencies; co-ordination between the medical services of the Commission and those of other Federal agencies; promotion of interest in effecting placements; compilation of reports on results of placement activities; and analysis of the quality of services rendered by handicapped persons.

Studies were conducted to determine what positions in shortage categories in the Federal service could be efficiently filled by physically handicapped persons.¹⁰ More than 3,500 titled positions, representing many thousands of jobs, were surveyed. The actual physical requirements of the jobs were ascertained and made known to persons engaged in placement, training, and recruiting for the Federal service. This information was distributed through an *Operations Manual for Placement of the Physically Handicapped*,¹¹ so that each person concerned with placements could use it in matching the physical ability, skills, and aptitudes of the individual with the physical requirements of the position. These studies of Federal positions will be continued as long as necessary.

Encouraging Federal appointing officers to appoint the physically handicapped whenever practicable has been constant. Facts and methods used in placing them have been presented in an illustrated booklet called *Untapped Manpower*.¹²

¹⁰ Verne K. Harvey, M.D., and E. Parker Luongo, M.D., "The Physically Handicapped in Industrial Establishments of the Government," *Journal of American Medical Association*, Vol. 121, No. 2 (Jan 9, 1943), pp. 100-107.

¹¹ Third edition, June 1944. For sale by Supt. of Documents, Government Printing Office, Washington 25, D. C.

¹² Civil Service Commission, May 1944.

⁹ H. R. 284, 79th Cong., Jan. 3, 1945.

During the period from October 1, 1942 through October 31, 1944, the Civil Service Commission placed over 41,000 physically handicapped persons in the field establishments of government agencies. In the 23-month period ending November 30, 1944, out of a quarter of a million veteran placements in the Federal civil service, approximately 4,600 were placements of veterans with physical handicaps.

Throughout this program, emphasis has been placed on the necessity for selective, judicious placements. The Commission's regional offices have carried, for the Commission, the large burden of making these placements. In each of these offices there is a Medical Division headed by a physician. The regional offices of the Federal agencies are co-operating wholeheartedly in the placement of the handicapped.

In order to have an advisory and clearing group, which could establish a more direct relationship between the regional offices of the Federal placement and rehabilitation agencies, the Commission approved the establishment of a Coordinating Committee for the Placement of the Physically Handicapped. This joint committee includes representatives of the Civil Service Commission, the Federal Security Agency, the Council of Personnel Administration, the Veterans Administration, and the Veterans Employment Service of the War Manpower Commission. The Chairman of the committee

is the Director of the Civil Service Commission's Medical Division.

In recruiting physically handicapped persons an interesting and successful device called the "clinic" for the physically handicapped has been used throughout the country. A "clinic" consists of prospective employers, handicapped applicants, Civil Service Commission representatives, physicians, and placement advisers. Applicants are selected by employers on the spot. The requirements of the Veterans' Preference Act of 1944 are followed when a handicapped person is selected by a Federal employer. These "clinics" are carefully planned by the Civil Service Commission in co-operation with the War Manpower Commission and the respective state rehabilitation service. Wide newspaper publicity is given in advance.

RESPONSIBILITY OF GOVERNMENT

Preference has been given to veterans in Federal employment so that they will receive full consideration for all positions for which they are qualified. Personnel programs are being strengthened and adapted to ensure the best use of veterans' abilities. The quality of their performance in that employment will be the measure of their success and the basis for their continued employment. Government, as an employer, cannot afford to and will not overlook the skills and abilities which are to be found among disabled veterans.

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The Disabled Veteran in State and Local Government

By EDWARD H. LITCHFIELD

AMERICAN state and local governments today employ 1,862,000 persons.¹ In peacetime this group constitutes 64 per cent of the American public service.² A discussion of the disabled veteran in state and local government is, therefore, a matter which concerns the personnel practice of one of the Nation's largest employers. While such practice would be significant if only because of the magnitude of state and local government, it is particularly significant because it reflects the extent to which public practice corresponds with public policy as imposed upon private employers.

In an effort to assay the facts of present practice, the author has surveyed 37 state, municipal, and county jurisdictions. The 37 collectively employ 558,783 employees or 29 per cent of the total state, municipal, and county services. In addition, certain other conclusions in the following text are drawn from a survey completed some months ago, affecting the veterans' group as a whole.³ The latter survey included 18 states, 7 counties, 18 cities, 1 ad hoc district, and the Federal Government. Aggregate employees in the 45 jurisdictions included in that survey exceed three and one-half million.

Attention must be called to the difficulty of generalizing about the personnel practices—whether for able or dis-

abled veterans—of as diverse a group as American state and local jurisdictions. In the first place, township practice is almost impossible to ascertain. Uniformity of practice in those governmental units is almost nonexistent. There are no central personnel agencies to which one may turn for information regarding such practices as have been standardized. For purposes of this discussion the township employees must be eliminated. There is similar difficulty in determining present practice in many municipal and county jurisdictions in which there is no central personnel office and no attempt to standardize disabled veteran practice. To a certain extent this is also true of the twenty-eight states which have no civil service systems today. In all of these jurisdictions with noncentralized personnel practices disabled veteran programs are dictated by individual departmental policy as modified by such legislation as may exist on the subject.

It therefore seems necessary to qualify the conclusions set forth in the following paragraphs by saying that, for the most part, they represent practice in those state and local jurisdictions which have centralized and uniform personnel systems. It is reasonable to conclude that the latter represent the most progressive among the jurisdictions on these levels. Practices in other governmental units may be assumed to be even less satisfactory than those described below.

THE PROBLEM OUTLINED

There is considerable uncertainty in state and local agencies as to who are "veterans" and still further question as

¹ U. S. Department of Commerce, Bureau of the Census, Vol. 5, No. 9, *Government Employment*—"Public Employment in October, 1944."

² *Ibid.*, October 1940 figures.

³ E. H. Litchfield, "Veterans' Preference in the American Public Service," *Personnel Administration*, Vol. 7, No. 2 (Autumn 1944), p. 5.

to who among them are "disabled." Some limit the term "veteran" to combatant service; nine agencies consider Red Cross nurses as veterans, and six more will accept noncombatant military service as constituting veteran status. In view of the wartime dramatization of the Merchant Marine, it is interesting to note that only six public agencies recognize it for preference purposes. In general, however, a representative definition of a veteran might read: "A man or woman honorably discharged from the United States armed forces after service in time of war."

Recognition of disability in addition to veteran status varies to an even greater extent. Eighteen of the thirty-seven reporting agencies indicated that any person who has been determined eligible for disability compensation from the Federal Government through a Veterans Administration agency is to be considered a disabled veteran in those jurisdictions. Three jurisdictions specify that any disability, whether compensable under Federal legislation or not, would constitute veterans' disability. Most of the remaining jurisdictions have not yet defined a disabled veteran. The inattention of the latter group to this basic question begins the delineation of a pattern which we will find characteristic of public treatment of this problem in all its aspects.

While it is difficult to determine the precise proportions of the problem, certain rough estimates of the size of the disabled veteran population in state and local jurisdictions may be made. Approximately 10 per cent of the employees in state or local governments are today in the military forces.⁴ Reliable estimates indicate "that 10 per cent of all the men in the armed forces will be discharged with some form of

disability."⁵ In other words, it seems not unreasonable to assume that a potential 1 per cent of the workers in state and local governments will be disabled veterans. As a group they may therefore be expected to aggregate something more than 18,620. This, however, is but a portion of the problem. Involved also are those disabled veterans who at some future time will seek original appointments to civil service positions. If we make the same assumption as to annual public service turnover (10 per cent) as did White,⁶ we would anticipate the addition of 186,200 new workers per year, or 1,862,000—a complete turnover—in the first decade following the war. If Federal experience is a criterion,⁷ at least 50 per cent of these new workers will be veterans. Ten per cent of this group could be disabled veterans. To the original group of 18,620 we may therefore add an estimated 93,100 disabled veterans who will enter state and local governments during the first decade following the peace. It is this combined group of 111,720 with which we are concerned.

LACK OF PREPARATION

Beyond the matter of delineation of the problem, the first question which must occur is the extent to which public agencies have prepared for the problems which returning disabled veterans will force upon them. It must be apparent that adequate preparation could materially improve the programs established to deal with this problem. In this connection it is quite significant to observe that 30 of the 37 reporting

⁴ Ross A. McFarland, "Physically Handicapped Workers," *Harvard Business Review*, Vol. XXIII, No. 1 (Autumn 1944), p. 2.

⁶ Leonard D. White, "Veterans' Preference—A Challenge and an Opportunity," pamphlet 17, Civil Service Assembly of the United States and Canada, May 1944, p. 6.

⁷ *Ibid.*

⁴ The sample showed 53,888 out of a total of 558,783 in the thirty-seven jurisdictions, or 9.7 per cent.

agencies have made no analysis of "the type of position that could be filled by disabled veterans."⁸ Again, 32 of them have not "developed any systematic methods of adjusting jobs to fit abilities of disabled veterans." It would seem apparent that state and local governments have not yet determined what positions the disabled veteran may fill, or how they may adjust positions so that veterans with varying degrees of disability may fill them.

It is contended by many public personnel people that it is impossible to anticipate this problem. They maintain that each case must be determined as an individual matter. Any generalization as to what type of occupation may be filled by a veteran with a given degree or type of disability is, according to these persons, impossible. It would seem clear that there is a certain amount of justification for this contention, but that it is not universally true must be apparent from the recorded experience of private employers.⁹

Another aspect of adequate planning is the maintenance of information regarding the plans and problems of disabled veterans seeking re-employment. In other words, to plan for the readjustment of the disabled veteran the public agency should know something

⁸ This is in decided contrast with the practice of progressive industrial concerns such as those co-operating in the "Peoria Plan." McFarland, *op. cit.*, p. 6.

⁹ It is true that placement of disabled workers is largely an individual matter, but, as Dr. Litchfield suggests, a good deal of preparation can be made by studying handbooks and placement manuals already in existence and the experience of private employers and Federal agencies, military and civilian. See especially the articles in this volume by Elizabeth Cosgrove, Howard A. Rusk and Eugene J. Taylor, K. Vernon Banta, Helen Baker, and Michael J. Shortley; also Troy P. Wakefield, "The Re-employment Program of the International Harvester Company," in the March 1945 issue of THE ANNALS.—EDITOR'S NOTE.

about the case before it walks in the front door. In an effort to discover the extent to which such information is maintained, the agencies surveyed were asked the following question: "Does your agency maintain contacts with persons on military leave in an effort to anticipate the plans and problems of veterans seeking reemployment?" Thirty-one agencies indicated that they did not maintain such contacts. This corresponds with the results of the earlier survey, which showed that of the 45 jurisdictions reporting on veterans' practice, 41 did not maintain records of experience gained by their employees while in the armed service. In other words, both sets of data suggest that public agencies maintain a minimum of pertinent re-employment information about their able and disabled veterans.

VETERAN PREFERENCE

Even though adequate planning for the returning disabled veteran is not today a fact, there are certain benefits and privileges accorded him. Primary among them is the preferential consideration he is given in the examination process. Almost every jurisdiction today permits the disabled veteran to add a specified number of points to his examination score in order to improve his position on the appropriate eligible register. These preference points range from 1 to 20 per cent. The average practice accords him 10 percentage points.

In a very large majority of cases the disabled veteran is permitted to use his preference points only after he has achieved a passing grade. This is standard preference practice for both able and disabled veterans. In six instances the points are added before attainment of a passing grade, and in thirty cases they are added only after the examination has been passed. In this respect

treatment of disabled veterans follows the pattern established for the veteran group as a whole.

For the most part, disabled veterans' preference points are applied only to open competitive examinations. In those agencies in which promotional and transfer examinations are administered, neither able nor disabled veterans are normally given preferential treatment. Actually this is a minor consideration, because a majority of jurisdictions in America today do not administer formal promotional or transfer examinations. Similarly, preference practice is not normally extended to the disabled veteran in cases of layoff and dismissal. In only six instances were agencies found to provide such preferential treatment. Furthermore, "a single standard of employee obligations and rights" is employed by almost the whole of American state and local service in cases of sick and annual leave, transfer, and demotion. The same compensation scales, standards of performance, and rules of discipline are applied to disabled veterans as to other employees.¹⁰

VARIOUS SERVICES LACKING

Whereas veteran preference is well defined and generally observed in the state and local agencies surveyed, other types of what might be thought of as more positive assistance are largely lacking. For example, thirty of the reporting agencies do not have a vocational counseling service for disabled veterans. While this function is performed for all veterans by other community services, local and Federal, the fact is that disabled veterans returning to positions in the public service will have need for a more exact type of vocational counseling which can be given only by personnel management within

the jurisdiction itself. There did not appear to be any intention among the agencies surveyed to increase their services in this regard.

Similarly, thirty-one of the reporting jurisdictions indicated that they had made no "specific provisions for psychiatric consultation service for disabled veterans employed or re-employed in their jurisdictions." This, despite the fact that from 40 to 45 per cent of 1,500,000 men discharged from the Army by June 1944 were released as neuropsychiatric.¹¹ The author can think of no single fact which more conclusively demonstrates that public personnel management in this country is still shockingly unprepared to meet its basic problems with positive programs.

Again, there appears to be no definite plan by means of which special consideration will be given to the disabled veteran "during his orientation or readjustment." Nineteen agencies reported that no concessions were being made to him, whereas three indicated that he might work shorter hours than regular employees during that period, and seven specified that he might carry lighter than normal work loads.

Another fundamental aspect of adequate care for the disabled veteran is the preparation of printed materials which will briefly, clearly, yet comprehensively, describe his employment rights and opportunities. Twenty-four of the reporting agencies indicated that they had not yet published and had no plans for publishing such materials. While this point would not be particularly serious were there adequate consultation programs available, their absence makes it a matter of some concern that these printed materials are not at hand. A combination of the two indicates that there are few formal processes by means of which necessary

¹⁰ White, *op. cit.*, p. 10.

¹¹ See *The American Journal of Orthopsychiatry*, Vol. XV, No. 1 (Jan. 1945), p. 187.

information may be conveyed to the disabled veteran.

Further indication of the fact that most of us have not devoted much attention to this subject is provided in the answers to the question: "What, according to your observation, are the principal adjustment problems encountered by disabled veterans in your jurisdiction?" A majority of the agencies reported that they had had no experience on this point, and had no opinions to express regarding it. It would seem clear from this that the detailed adjustment problems of the disabled veteran have not yet become an important part of the thinking and planning of the personnel agencies in state and local governments.

The extensive use of disabled veterans in the public service necessarily raises the question of the extent to which such disabilities will affect the performance of the individuals as public employees. In other words, it raises the question as to whether or not the efficiency of the public service will suffer as a result of the extensive employment of disabled veterans.¹² Involved in this is the further question of the need for the establishment of training programs as a method of offsetting lack of skill resulting from disability. One would judge that no one would quarrel with the need for extended training programs to meet this purpose. Certainly the disabled veteran himself would be the last to disagree with the desirability of establishing such pro-

¹² Disabled employees would not necessarily be less efficient if placement work were more effectively carried on in public agencies. When properly placed, handicapped workers have been found to be more loyal, more anxious to succeed, more regular in attendance, and often more skilled than the able-bodied. See D. L. Lynch, "Employment of the Physically Handicapped," *Journal of American Medical Association*, Vol. 116, No. 13 (May 29, 1941), p. 1380.

grams. In the face of this it is amazing to observe the replies to the question: "Will your present regulations concerning the employment or re-employment of disabled veterans necessitate the establishment or intensification of a training program?" Twenty-eight replied in the negative, seven indicated that they did not know, and only two agreed that new or intensified training programs would be required.

In general, it seems apparent that there is not much evidence of constructive effort of state and local governments to solve the problem presented by disabled veterans who will return to or seek admittance to our services. As we have said elsewhere, "the concept of solving personnel problems by 'passing a law' seems still to prevail in many public jurisdictions."¹³ Most of us, in other words, appear to believe that by adopting preference legislation we have solved the problem of the disabled veteran.

SUGGESTED PROCEDURE

On the other hand, experience in industry and in certain portions of the public service suggests the following procedures as basic in an effective disabled veterans program:

1. Detailed job analyses designed to determine what positions may be filled by employees with different kinds and degrees of handicaps;
2. Careful medical and aptitude tests of disabled employees;¹⁴
3. Careful placement by experienced and trained placement officers;
4. Systematic employee counseling during the period of the disabled worker's adjustment to his new position;

¹³ Litchfield, *op. cit.*, p. 6.

¹⁴ The tendency—15 jurisdictions—to require no further medical or psychiatric examinations of returning veterans is a shortsighted bit of patriotism which is helpful neither to the individual nor to the service.

5. Regular revision in assignments and/or change in job content to facilitate that adjustment;

6. Establishment of comprehensive rehabilitation and training programs for handicapped workers whose immediate performance or whose promotional opportunities are dependent upon the acquisition of new skills and knowledges;

7. Maintenance of detailed records of the physical, mental, and work histories of all disabled employees.

It is respectfully suggested that a program incorporating these features would more adequately serve both veteran and service than does the present practice.

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Industry's Plans for Absorbing the Disabled Veteran

By HELEN BAKER

THE principal aim and final test of a rehabilitation program for the disabled veteran or nonveteran is successful placement on a job. To reach this goal for a large proportion of the disabled of World War II will require the co-ordinated efforts of government and community agencies, employers, and the veterans themselves.

The legal requirements for re-employment of veterans if "still qualified to perform the duties"¹ of their former jobs and the Selective Service System's inclination to interpret that clause liberally, the pressure of public opinion, and the encouragement and assistance by rehabilitation and placement agencies in the development of company plans are important factors in the increasing willingness of industry to employ disabled veterans. The need for additional manpower, and the satisfactory experience with handicapped workers in competing war industries, are also effective stimulants to hesitant employers. Since public opinion may change and the hectic search for additional manpower relax with the end of the war in Europe, a co-ordinated program of government and industry based on sound placement principles and the efficient utilization of the handicapped must be firmly established at the earliest possible time.

The problems involved in the employment of handicapped veterans make definite and special planning an essential antecedent to any such employment. The amount of special planning and the number of new arrangements required depend on such factors as the type of

industry, previous experience with the employment of handicapped workers, and the existence of a plant medical department, as well as a decision as to the range of disabilities which are *not* to be considered a priori reasons for refusal to employ.

In general, the large plant with established employment, training, medical, and safety departments is in a much better position to undertake a program for the employment of disabled veterans than is the small plant with none of these special services.

However, perhaps the most essential step to be taken toward the goal of employment for all those disabled veterans who can be rehabilitated is to extend their employment to the smaller plants. Outstanding programs to show what a smaller company can do alone or co-operatively with other small establishments in the same community would go far to stimulate action in this area of industry. The War Manpower Commission's selective placement program,² which is being carried on with the assistance of employer groups and universities, provides training sessions for employer representatives and is definitely a step in the right direction.

COMPANY POLICIES

Having decided to use disabled veterans "as far as practical," a company must work out specific policies and definite procedures to effectuate its general intention. Some of the questions to be answered are: Will the company attempt to find jobs for its

¹ Selective Training and Service Act of 1940, Sec. 8(b).

² "Assimilation of Disabled Veterans in Industry," *Monthly Labor Review*, Nov. 1944, pp. 972-73.

own former employees only, or is it prepared to absorb additional disabled veterans? To what extent can the company contribute to rehabilitation training? What standards of productivity shall be set for the disabled? Will disabled veterans be given any preference in hiring, shift assignment, and retention in case of reduced operation?

A survey made by the Industrial Relations Section of Princeton University in the first half of 1944 revealed what some employers were thinking about these questions at that time. Changing employment needs and governmental and group pressures have already required modifications in some of their policies and shown the soundness of others. Plans for rehabilitation, with reasonably good chances for permanent employment, were in most cases found to be applicable only to former employees. A number of outstanding exceptions were not enough to change the general picture. War industries with their continuing need for more manpower were more willing, in fact eager, to hire employable disabled veterans regardless of their previous employment status.

Management representatives felt strongly that it was best for the company and the veteran to hold him to normal standards of productivity after a reasonable period for training and adjustment. The consensus agreed with the statement of one executive that "any other course of action would jeopardize the economic position of the company and affront the independence and morale of the disabled workers." In line with this policy, most companies pay the rate for the job to which the handicapped veteran is assigned. A few local unions have, however, recommended that handicapped veterans be reinstated in whatever job they can fill without reduction in pay from their former rate, and a few companies

were studying the practicability of such a policy.

The ideal goal in any rehabilitation program is to place the handicapped worker so successfully that "he ceases to be handicapped from the standpoint of earnings or productivity." Even to approach this accomplishment, the employer must give the disabled veteran first chance at the type of jobs he can fill. Unions as well as managements recognize this need and have agreed in a number of labor contracts to modify seniority rules to permit the most satisfactory placement of disabled veterans. Preference in shift assignment is also frequently granted to handicapped veterans. Companies have reported union co-operation in such arrangements even though the procedure may be contrary to the strict letter of the labor agreement. A few contract clauses provide both for preference in placement and for protection against "bumping" in case of reduced operations.

It is evident, however, that it is easier to put into effect now preference in job and shift assignments than it will be to guarantee against "bumping" when the job security of men of much longer service and the company's interest in retaining the most efficient work force may be involved. Unions are more readily suggesting or accepting clauses providing for placement of the disabled irrespective of seniority than they are willing to permit exemption from downgrading. Since handicapped veterans are frequently limited to specific types of work, the application of normal downgrading procedures to them might mean their immediate layoff. The combined thinking of labor and management is needed to work out specific arrangements which would give the disabled veteran job security on a par with that of other employees with the same seniority status.

Special consideration is also needed

in regard to the employment problem of the disabled veteran who has no re-employment rights in any company. Many of these disabled veterans, who are now being employed in large numbers in war industries, may be laid off at a time when discharges from service on account of disability are at their peak. There is considerable awareness of the possibility that a noticeable failure to employ this group may result in demands for governmental action. However, both management and labor definitely prefer employment to be handled on a voluntary basis, and both are endeavoring to develop policies which will give these veterans employment opportunities.

COMPANY PROCEDURES

Outstanding characteristics of company rehabilitation plans are a central organization for co-ordinating all veterans placement and transfer, and the co-operation between the various branches of the personnel department and the foremen. In the planning stage, responsibility may rest principally on the personnel director, or a chief of veterans service responsible to him, the heads of the employment, training, medical, and safety divisions, and the industrial engineer. The effective functioning of the plan, however, depends primarily on the efforts of line executives and supervisors.

The first step in any arrangement for employing handicapped workers is a job analysis, listing the duties of the various jobs, the physical requirements, and the working conditions. Managements which have yet to prepare such an analysis will find the manuals compiled by other companies or government agencies of considerable help.³

³ See, for example, *Operations Manual for Placement of the Physically Handicapped*, U. S. Civil Service Commission, Third Edition, June 1944, 473 pp.

Companies which have already developed occupational analysis forms as a guide in the placement of nonveteran handicapped workers may find it necessary to take into account additional factors when veterans are employed. In any case, placement officers and industrial physicians emphasize, more attention must be given to the individual veteran and all of his background, and less to his particular physical disability, than is customary in the placement of the nonveteran disabled.

Large companies with good medical departments and with jobs classified according to physical requirements anticipate little difficulty in determining the employability of veterans with physical disabilities. However, because of a general lack of knowledge and the difficulty of securing professional services in the area of mental illnesses, even companies with long-established medical departments show considerable concern over problems connected with the re-employment of veterans with nervous disabilities. A company may, of course, refer the veteran whom it cannot employ, or who has failed after reasonable trial on a job, to the Veterans Administration; but hospitalization, which is usually the only way of securing psychiatric treatment through the Veterans Administration, may prove to be a cause of regression on the part of the veteran.

One personnel officer suggested that the United States Employment Service employ psychiatric consultants to aid companies in their placement efforts and to assist individuals who, with a few consultations, might be enabled to adjust to their jobs. In a few communities, employers' associations have hired psychiatrists to serve as consultants to member companies.

The few companies with psychiatrists on their medical staffs find them of great help in the successful placement

and rehabilitation of veterans. Unfortunately only the largest companies are in a position to employ specialists on a full-time basis, and very few other concerns have access to such services. Efforts among industrial physicians themselves to improve their knowledge of psychoneurotic and psychosomatic symptoms and treatment are aiding materially in the more satisfactory handling of such cases in industry. The training of the employment staff, personnel counselors, and supervisors in the principles of mental hygiene is being undertaken by many companies as one practical approach to this problem and as an essential supplementary action to whatever medical assistance may be available.

The initial selection and assignment of handicapped workers to specific jobs or to a definite training program differs from the placement of other employees principally in the greater participation of the medical, safety, and training directors in approving the placement. The interviewing and placement of all veterans is, among the larger companies, frequently assigned to a special veterans division which consults other staff departments. While the value of tests in the placement of veterans has been mentioned often, actually few companies seem, thus far, to have included aptitude, trade, or personality tests in their selection and placement procedures for handicapped or able-bodied veterans.

In-company training

It is almost unanimously agreed that on-the-job training is best handled by the immediate supervisor. The foreman is usually consulted in regard to the development of modified processes or special engineering devices to enable the handicapped to fill a job. To assist the foreman in his responsibilities for training and supervising handicapped

veterans he is being given additional instruction in company re-employment policies and in the handling of emotionally disturbed employees.

The elaborateness of special in-company training programs for handicapped veterans depends on the company's re-employment policy, its existing training organization and facilities, and the extent of its co-operation with the Veterans Administration. With the legal provision for financial assistance to veterans while they are receiving vocational training, companies with limited training facilities of their own are inclined to "let the government do it." Nevertheless, industrial personnel officers are not unaware of the value of co-operating with educational institutions in developing courses and using methods which will refit the handicapped veteran as promptly as possible for specific jobs in industry.

A regular check on the veteran's adjustment after placement is usually the responsibility of the personnel director, or a special veterans counselor or placement officer. It involves frequent consultation with the foreman, and, in case of particular difficulties, also with the medical director or training staff. In a few cases, union representatives also participate in discussions concerning a longer trial period for a veteran on one job or transfer to another. Most companies are willing to give the handicapped veteran, especially when a former employee, more opportunity to try out several jobs than they ordinarily give to the nonveteran handicapped. Practically all formalized plans specify that such transfers shall be made only after consultation among those responsible for the initial placement and with the approval of the medical director. This control is maintained by the use of special transfer forms.

SPECIFIC PROGRAMS

The programs which are described briefly in the following paragraphs have been chosen to suggest the variety of re-employment and rehabilitation activities now going forward in many companies and communities.

Ford Motor Company

The chief responsibility for selection and placement of the handicapped in the Ford Motor Company rests with the Medical Transfer Department. This department includes, besides a physician and nurses, special investigators to be at all times on the lookout for jobs available for the handicapped, and others who listen to complaints and investigate them. Its files include a card index of all departments, giving information helpful to the placement of the handicapped, and a card index of all physically handicapped men in the plant. The medical director for the company has stated: "We believe this department to be vital, and its personnel must be carefully chosen."⁴

Returning veterans with medical discharges are divided into two groups—those who have not been overseas and those who have. It is felt that the former are not likely to have very serious disabilities so far as industrial employment is concerned. It may, on the other hand, take several days to locate suitable work for some of the latter. A returning employee is first referred to his own former department, and if the foreman can use him, he goes to work on his old job. If he cannot be placed there, the investigators find another job for him. New handicapped employees are personally conducted to the department and introduced to the foreman.

⁴ Industrial Hygiene Foundation, Special Series, Bulletin No. 2, *Putting the Disabled Veteran Back to Work*, p. 12.

Transfers must have the approval of the Medical Transfer Department.

So far, this company has made no special arrangements for handling veterans with nervous disabilities. Dr. Krieger, medical director of the company, reported that "many of these boys . . . are not so far off the beaten path. At any rate, reinstating these boys on their old jobs . . . does not bring out any abnormal tendencies as far as we can ascertain."⁵

Supplementing, but not a part of, the company's regular plan for employing handicapped workers is Ford's Camp Legion in Dearborn, Michigan. The camp is open to veterans who have a medical discharge and are disabled, and provides opportunities for work and training in farm and industrial occupations.

*General Motors Corporation*⁶

The rehabilitation program of the Linden plant of the Eastern Aircraft Division of General Motors Corporation was begun with two important preliminary activities: (1) the classification of all jobs in the plant according to physical requirements and working conditions; and (2) the training of supervisors to carry a major part of the load. In order to handle each case as satisfactorily as possible, handicapped veterans, whether new employees or re-employed, are classified according to physical reason for discharge. For purposes of foremen training and emphasis in rehabilitation, management tries to distinguish between the "misfits," who were unstable before their military experience, and those veterans who "have been ordinary individuals trying to fit into a program, but who have . . . some traumatic injuries re-

⁵ *Ibid.*, p. 10.

⁶ *Ibid.*, pp. 18-22, "Case History Experiences in Employment of Veterans," by A. A. Hendrix.

ceived either in training or combat, [or] some illness such as pneumonia, psychosis, neurosis or exhaustion."⁷

An industrial psychiatrist, working under the medical director and assisted by the safety and educational directors and the employment manager, is developing a fourfold plan: (1) sound placement; (2) provision for training for upgrading; (3) full records for all veterans in the plant, giving age, racial distribution, and civilian and military training and employment; and (4) individual case studies. The fourth part of this plan is its most unique aspect. Abbreviated case histories which have been reported should be of value not only to industrial personnel officers and physicians, but also to community agencies dealing with re-employment and rehabilitation problems.

*The "Peoria Plan"*⁸

The "Peoria Plan for Human Rehabilitation" is an outgrowth of the Caterpillar Tractor Company's successful experience with the employment of handicapped workers. The plan is an attempt to consolidate and co-ordinate the community's services for disabled veterans. Co-operating agencies refer veterans in need of vocational counseling or rehabilitation to the "Peoria Plan" headquarters, where records as to jobs available for handicapped workers are centralized. The counselor in charge is thus in a position to make direct referrals to jobs when the veteran is ready to begin work. If the counselor and the guidance committee feel that the veteran needs more pre-employment rehabilitation, he may be referred to

one of the special committees. Additional medical care or vocational training is frequently secured through local institutions. This centralization of placement and referral services helps the veteran promptly and avoids giving him the feeling of being "pushed around" from one agency to another.

The Caterpillar Tractor Company has expanded its own use of the handicapped in order to gain experience in preparation for the re-employment of its employees now on military leave. Returning veterans will be divided into three groups by the medical division:⁹ (1) employees who may be placed on any type of work; (2) handicapped employees who may be placed on specified types of work only; and (3) those who, because of a temporary or permanent disability, may not be given an immediate work assignment. Employees in the second group will be offered their former or a comparable position, or, if the medical classification does not permit this, they will be offered other suitable employment. Returning employees in the third group will be encouraged to prepare themselves for possible future employment, and, on the basis of their desirability, may be granted a leave of absence.

Employment for hospitalized veterans

Co-operative arrangements between industry and Army and Navy hospitals have been developed by at least two companies.¹⁰ The experiences of the Arma Corporation in Brooklyn, and Northrop Aircraft, Inc. in Hawthorne,

⁷ Industrial Hygiene Foundation, Special Series, Bulletin No. 2, *Putting the Disabled Veteran Back to Work*, p. 21.

⁸ C. C. Schlink, Jr., "The Peoria Plan for Human Rehabilitation," *Advanced Management*, Oct.-Dec. 1944, pp. 145-47; and *The Peoria Plan for Human Rehabilitation*, Peoria, Ill., 1943, 12 pp.

⁹ Caterpillar Tractor Company, *Plan for the Return of Employees Now Serving in the Armed Forces of the United States*, pp. 3-4.

¹⁰ The inauguration of the Arma plan is well described in the American Management Association's Personnel Series No. 76, *Reemployment of Veterans*, pp. 40-43; the medical point of view of the experience of Northrop Aircraft is given in *Industrial Medicine*, Dec. 1944, "Veteran Placement," pp. 989-90.

California, are similar in taking work into hospitals, where convalescent personnel are trained under the joint supervision of the hospital's reconditioning officer or occupational therapist and instructors from the companies. After a short training period, the convalescents are given actual production work for which they are paid the regular rate established in the plant. The hospitals are apparently well pleased with the therapeutic value of the work, and the companies with the experience gained in the useful employment of men with various types of handicaps.

These projects are of value not only in the help they give to the veterans immediately affected and to the companies' production efforts, but also in the opportunity they afford for a close study of the veterans' transition from hospitalization to industrial employment. From his experience, Dr. Harold B. Dye, medical director of Northrop, has reached the conclusion "that the transition from an Army or Navy hospital to an industrial plant is too sudden and too severe [for veterans with neurotic disabilities]; there should be some intermediate step on the road to recovery."¹¹ He suggests that this in-

¹¹ *Industrial Medicine*, Dec. 1944, p. 990.

intermediate step might be semimilitary camps providing outdoor work and manned by a staff, including a physician and a psychiatrist, qualified to help the veteran to progress to the point of being able to accept the responsibilities of civilian life.

THE OUTLOOK

There is great need for the extension of company and community plans for the employment of handicapped veterans if the task is to be accomplished without serious loss in the Nation's human resources. The planning in progress, however, and the successful experience of many companies in their use of the handicapped encourage some optimism in the outlook for rehabilitation and placement even when the re-employment load becomes much heavier than at present. The chances for job security for the handicapped depend, of course, primarily upon general employment conditions. While there may be some temporary arrangements for preferential treatment, it seems probable that special consideration in initial placement and training, but equality of opportunity thereafter, will be, in the long run, the most that industry can offer the disabled veteran.

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Personal Adjustment of the Disabled Veteran

By IRVIN L. CHILD¹

FROM the point of view of their effect on individual adjustment, physical and mental disabilities must be regarded primarily as barriers—obstacles, that is, which either prevent or render more difficult the attainment of various goals in life. For this reason an understanding of the psychological problems aroused by physical and mental disabilities is closely connected with a general understanding of normal human adjustment to the frustrations created by barriers.

All of us are adjusting to frustration every day of our lives. Many of the barriers we encounter—such as the distance and physical obstacles that stand in the way of free locomotion—are familiar and easily dealt with, so that they hardly are noticed before they are adjusted to without our awareness of having faced a problem. Other barriers, such as those responsible for dissatisfaction with a job situation or for marital incompatibility, are more serious and persistent and may give an individual repeated cause for realizing that he is confronted with problems requiring adjustment. We adjust to everyday frustrations in a variety of ways, some very effective in leading us on to the goals we wish to attain, some of them maladaptive in that they prevent our reaching those goals or allow us to reach them only at the sacrifice of other very important interests.

¹ In preparing this article I have been greatly helped by some of the contributions written for the collaborative volume, *Psychology for the Returning Serviceman* (Washington and New York: Infantry Journal and Penguin Books, 1945). I wish to express my special indebtedness to Dr. John Dollard, Capt. Fred A. Quadfasel, and Miss Alice M. White.

GENERAL REACTION TO DISABILITIES

The frustrations created by mental and physical disabilities are somewhat distinctive principally in two ways:

1. Certain of these frustrations can be rather completely removed through the application of appropriate remedial techniques by a competent specialist—in some cases a surgeon, in others a prosthetic specialist, in still others a psychotherapist or a specialized teacher. The successful application of these techniques can eliminate certain frustrations much more completely than the man could do on his own. Yet, for full success, many of these techniques require highly effective co-operation on the part of the disabled person himself. Therefore the opportunities for surmounting certain of these obstacles are peculiarly dependent upon the availability of the services of an appropriate specialist (a matter of governmental and community responsibility) and upon the disabled man's attitude toward protracted co-operation (a matter of his own personal adjustment).

2. Another somewhat distinctive feature of disabilities as obstacles is the especially insuperable quality, in reality or in appearance, of certain of these obstacles. In the case of those aspects of disability for which there are no specialized remedial techniques available, the frustration created with respect to at least certain important goals in life is likely to seem to a man to be peculiarly permanent and irrevocable. To the extent that he sees the obstacle in this way, his reaction may well be different from what it would be in the face of an obstacle which he felt able to handle.

The understanding of psychological adjustments to disabilities, therefore, depends upon a general understanding of adjustment to frustrations.

THE WHOLE PERSONALITY INVOLVED

But the general understanding of normal human adjustment is important for the adjustment of the disabled man in another way. It is important because the disabled man is not merely a disabled man; he is first of all a man, with all the normal characteristics of his particular personality and his particular situation in life. That fact means that the specific frustrations created by his disability are not isolated incidents in his life, but occur as part of a more general set of problems with which he as a person has to cope.

This interdependence of the disability and the rest of a man's life is especially clear in certain kinds of extreme cases. If the disability, for example, is one that is not immediately apparent to the man himself, the problems created by it may appear to him not at all in that quality but instead simply as generalized problems of his life. This may be especially true of some men whose disability is mental.

On the other hand, if the disability is a very conspicuous one for the man himself, he may tend to blame upon it various difficulties which in fact have quite a different origin. Many ordinary civilians blame their dissatisfactions in life to an exaggerated extent upon the single conspicuous factor of not having enough money. Like lack of money, a physical disability is an obvious barrier, really important in producing certain frustrations, which may easily be blamed for all sorts of other frustrations, not very well understood by the man himself, which are really not related to it.

But it is not only in unusual cases that the successful adjustment to a dis-

ability depends upon more general personal characteristics. In many ways, a disabled person's ability to handle the problems that arise from his disability will depend upon his prior adjustment to certain other problems that have no special connection with it. To what extent, for example, has he learned to depend upon his own resources in dealing with other difficult situations, or to what extent does he expect to take a passive role while those in authority solve his problems for him? How soon will he give up trying when confronted with a problem that seems at first to have no solution?

It is only because of this general fact—the interdependence of the disability and other circumstances of life—that the problems of disabled veterans are likely to be any different from those of other persons with similar disabilities. The loss of a leg has the same direct implication for what one can do, for example, whether the leg was lost in an industrial accident or in battle. But the man who has lost his leg in battle is a man who has been a soldier or sailor, has certain attitudes toward service wounds, and, moreover, may have problems confronting him on his return which grow merely out of the fact that he has been absent from home for several years; these factors will all bear upon his distinctive adjustment to his disability. They may very well make his problems very different in many ways from those of the man who has suffered exactly the same disability through an industrial accident.

INITIAL SENSE OF LOSS

There are some kinds of disability mostly mental, in which a man may not really sense the handicap he has acquired until after his discharge from the services and return to civilian life. But certainly in the overwhelming majority of cases the initial realization of

loss will come at the time of injury or soon after, and therefore while the man is in the care of Army or Navy medical authorities. Problems of adjustment to the initial sense of loss therefore will not generally confront the civilians who are concerned with rehabilitation of veterans. Nonetheless, since adjustments adopted at this initial period may have their effects later, it seems important to consider them briefly here.

It is impossible here to give any adequate general treatment of the variety of reactions to the initial disability. Such a treatment could be hoped for only from the rare person with psychological training who has the opportunity to deal with many men shortly after the incidence of their disability. Certain points can be stated, however, which grow out of general psychological considerations.

One of these points is that the disability is at the outset likely in many cases to be vague and ill defined from the point of view of the patient. Neither he nor his physician may immediately be able to estimate very accurately the exact degree of disability with which he is going to be left. There is the occasion, if a man's personality leads him in that direction, for the development of a host of vague but forceful anxieties which may or may not be justified in view of what later actually remains of the man's disability. If a highly generalized insecurity does develop during the early days after the onset of the disability, it may in some men remain long after the situation has become well defined. There may be present at a later stage of rehabilitation, then, a degree of generalized anxiety which seems inappropriate in view of the present prospect for the man, and may be understandable only as a continuation of his reaction during a period when his prospects were very uncertain.

Another point is concerned with the

possible symbolic significance of a disability. The loss of any part of the body or of its functioning is likely to signify to most persons some sort of loss of integrity. In part this reaction is undoubtedly due to fears learned in childhood. Children often are worried about the possibility of serious damage to some part of their bodies. Such fears are not conspicuous in healthy adults living in normal conditions. But if they do suffer serious injury, their first reaction may be the generalized anxiety they learned during the helplessness of childhood—an anxiety which may be quite out of proportion to the realistic meaning of the injury for their chances in life. Here again, long-term adjustment to the disability may be complicated by persistence of this initial reaction.

Positive reactions

A third point is that, unwelcome as most disabling injuries are, there is in a number of cases also some element of positive reaction. Many a man whose disability results from a battle injury can and will have some clear element of pride about his injury, as evidence that he has done more than his part in what was expected of him as a soldier or sailor. There will be some fighting men for whom a disability will be in part welcome, however much they may regret it in other ways, because they know it means that they will be out of danger of losing their lives during the remainder of the war. The more this reaction conflicts with their sense of duty and loyalty to their outfit, the more it may make adjustment difficult.

Then, finally, there will be the small number of men in whom distinctive personality tendencies imbue a disability with special positive values. One such tendency is a suicidal one, a desire for self-punishment such as provides the unconscious motivation for

some of the accidents of civilian life.² Another is an excessive desire for dependency upon other people, to which end a disability could be put to effective use, either in intimate personal relationships or in making a living from the disability.

The strength of these different motives which give some positive value to the incurrance of a disability will certainly vary from complete absence all the way to their being, in some few cases, the most prominent aspect of reaction to the disability. In those men in whom they are fairly prominent, it is apparent that they will bear very significantly upon immediate adjustment and that if they continue they will also be important in relation to long-time readjustment. The man who really welcomes the particular disability he has incurred may, for example, be resistant to efforts at retraining which will permit him to conquer the disabling effects of his injury. If the therapist feels that it is important to direct such a person into another form of readjustment which would enable him to live a more normal life, it will therefore be essential to take account of this attitude, for without changing it a change in general adjustment to the disability cannot be effected.

AREAS OF FRUSTRATION

Once the initial realization of loss has been somehow adjusted to or assimilated to the personality, there are several general ways in which a continuing disability may interfere with a man's satisfaction in life. These several areas of frustration are worth distinguishing because the suitable kind of therapy differs so greatly. There is, of

course, danger of confusion by the disabled man himself between one area and another. Such confusion leads, on the one hand, to the possibility that, seeing the inevitability of frustration in one area, he may fail to see how readily he could eliminate certain other frustrations. It may lead, on the other hand, to a man's placing exaggerated hope for generalized recovery of all sorts upon a therapeutic technique or a new personal resource which will really only remove one particular source of frustration.

Clear thinking and clear planning about readjustment, then, is aided by clear analysis of just how the disability interferes with personal adjustment. The analysis needs to be made in the light of full knowledge of the individual. But it can be guided by general considerations about the broad areas of frustration. Here, then, is one classification of such areas, with some indication of the corresponding types of therapeutic needs.

1. *Interference with internal comfort*

Some disabilities resulting from military service leave a man with more or less permanent or recurrent pain or internal discomfort. One of the most notable examples is in connection with the pain which sometimes accompanies phantom limbs.³ But many conditions of physical ill health may also render a man incapable of the more or less steady condition of normal internal comfort which characterizes a healthy person.

In this area of frustration, the greatest hope for therapy resides in medical or surgical treatment which may be

² For a review of this general problem, see F. Dunbar, "Medical Aspects of Accidents and Mistakes in the Industrial Army and in the Armed Forces," *War Medicine*, Vol. 4, No. 3 (Aug. 1943), pp. 161-75.

³ See A. A. Bailey and F. P. Moersch, "Phantom Limb," *Canadian Medical Association Journal*, Vol. 45, No. 1 (July 1941), pp. 37-42; G. Riddoch, "Phantom Limbs and Body Shape," *Brain*, Vol. 64, Pt. 4 (Dec. 1941), pp. 197-222.

appropriate to the particular condition. General personal readjustment may in some few cases, however, be necessary in order for a man to be prepared to accept such treatment. Again, in those cases in which no such treatment can go very far in removing the discomfort, the pain remains as a condition to which a man must make some kind of an adjustment.

2. Interference with ability to deal with the physical environment

Many physical ailments may leave, for at least some period, a general weakness which will hamper a man's ability to move or to handle physical objects freely or for long periods of time. Here, of course, the best chance for remedy is through effective medical treatment. More specific disabilities in relation to the physical environment are found in the loss or reduction of the ability to perceive the environment by sight and hearing, and in the reduction of locomotor and manipulatory ability resulting from amputation and other orthopedic conditions.

In various of these cases medical treatment may contribute to reducing the extent of interference, but beyond that there is often the possibility of reducing the handicap much further by the use of prosthetic appliances, such as spectacles, hearing aids, and artificial legs and hands. Here the general personal adjustment of a man becomes highly relevant. Both the successful learning of the use of some prosthetic appliances and the willingness and ability to maintain effective use of them depend upon a man's attitude toward their use and upon the personal motives which can serve to carry him through the effort, the difficulties, and the embarrassments that may be involved. The extent to which an individual takes full advantage of the opportunities offered by prostheses will

therefore vary a great deal according to his prior personality and present adjustment.

3. Interference with interaction with the social environment

The same aspects of disability which interfere with normal interaction with the physical environment may also interfere with normal interaction with the social environment. The man whose deafness prevents him from hearing the warning noises of traffic is also prevented from hearing the conversation of his friends. The man whose eyes do not function well enough to let him be sure where he is going may also be unable to recognize his friends by sight. An inability to handle the physical environment may keep a man from carrying on his old occupation and thereby force a change in his social relationships.

Some of these frustrations can be reduced or eliminated, of course, by the use of prosthetic appliances, and others by the development of new skills. The deaf man can learn to read lips, the blinded man to recognize his friends' voices. The man who cannot go back to his old job may be able to learn a new one and find himself again a fully normal member of the community.

But to some extent frustrations of social interaction may be somewhat separate from those of physical interaction. A disfigurement which does not change in any way a man's ability to deal with the physical environment may make other people very uncomfortable the first few times they see him. The success with which walking with an artificial leg is made to simulate normal walking may not have so much to do with ability to get around comfortably and sufficiently, but it may have a great deal to do with whether a man is thought of as a normal individual or is classified apart. Inability to play ten-

nis may be an unimportant frustration from the point of view of getting along with the physical world, but may make it impossible to associate with one's old friends on exactly the same basis as before. Most notably, of course, some mental disabilities which may not have any effect on a man's ability to get around and work with things may greatly alter his ability to get along with people successfully.

Here the problem of relieving frustrations is one of changing human behavior—either that of the man himself or that of the people with whom he is associated.

Restoration of satisfactory relations with the social environment can be greatly aided in many cases by changes in attitudes and overt responses of other people. Part of these changes can be effected by social workers and other agency representatives in their direct work with relatives. But these changes may be made to continue effectively, and others may be successfully introduced, through the efforts of the man himself. His ability to change the attitudes and behavior of his relatives and friends in ways that will permit easier adjustment for him is, of course, dependent on his own general personal adjustment to his disability. The man who is unwilling to talk about his condition, for example, deprives himself of a great deal of opportunity to set others right about just how he feels about it and how he wishes they would act. He leaves it up to them to find out by trial and error what way they can act to be most helpful. And if they share his embarrassment they may be afraid to try anything new, and so never hit upon the right way of treating him.

The other way of reducing frustration in relation to the social environment is by the man's changing himself, acquiring new habits which will allow him to adjust satisfactorily to conditions which

he cannot handle in the old way because of his disability. If, for example, playing tennis was the basis of some of his good times with companions in the old days, and now he can no longer play it, he can cast around for some other recreational activity which will also let him share good times with other friends—perhaps a card game, billiards, or even ping-pong. He need not resign himself to occupying his spare time in a solitary hobby. Or if he used to be a hit with young boys by showing them how to play baseball and now can't do that, maybe he will find he can teach them how to do magic or how to make model planes, or maybe just talk with them about things they are interested in. A new skill at conversation may lead to the same success with girls that dancing and sports did before.

The learning of new social skills, then, can go a long way toward removing frustrations of this sort and permitting good general adjustment. Whether they are developed depends upon the kind of preliminary adjustment a man has worked out.

4. *Interference with self-esteem*

Interference with self-esteem is undoubtedly in very large part a direct result of interference in these three areas already discussed. If a disabled man is able to be free from pain, able to cope with the physical environment about as well as ever before, and able to live a fairly satisfying social life, it may seem as though there is little realistic reason for him to have suffered any damage to his feelings of self-esteem; and many men under these circumstances would not suffer such damage. One the other hand, a man who continues to suffer severe frustrations in these three areas might well seem to have ample reasons for feeling that he is quite a miserable creature.

Because of the relation of disability

reaction to previously established personality, however, there is no such uniform relationship here. A man who is insecure and who had doubts of his own capacity before may well seize upon a disability as a justification for feeling himself to be helpless and miserable, even if that is not in fact the case. On the other hand, a man with a good, healthy evaluation of himself and a high degree of willingness to assume responsibility may be little discouraged by even rather severe frustrations.

There is little doubt that the best single general way to approach the problem of damage to self-esteem, where that is present, is by way of trying to correct some of these other frustrations; but it is evident that in some cases that effort will need to be accompanied by a direct attack upon the sources of a generally low self-esteem present before and now aggravated by the disability.

NEW LEARNING AND READJUSTMENT

In the last three of these four areas of frustration, the means of reducing frustration and thereby achieving satisfactory personal adjustment is almost entirely dependent upon new learning by the disabled man—learning new ways of walking or handling things, new occupational skills, new ways of getting along with other people and influencing them, new ways of doing things for others, new ways of understanding and evaluating himself.

For each man in his particular situation in life, there is likely to be for each type of frustration a certain variety of possible habits he might learn which would lead to the most effective reduction of that particular frustration. Unfortunately there is no guarantee that the most suitable habits will be learned. That there is a real problem here can perhaps best be indicated by calling at-

tention to some of the factors that are likely to hinder the optimum of new learning.

First, there is the possibility that a man may react to these new and serious frustrations with forms of adjustment which in the past have been successful in allowing him to deal with some of his problems in life, but which happen not to be suitable to these new frustrations. Consider, for example, the common phenomenon of reaction to frustration with aggression or hostility. In many common situations in life, both in childhood and in adulthood, aggression is highly successful because it gets rid of a physical obstacle which stands in the way, or makes a competitor back down so that a man eventually reaches the goal toward which he was heading. But aggression, generally speaking, is of little help in working toward the development of the most efficient ways of doing things for oneself. To the extent that an aggressive response to a disability relieves internal discomfort about it and therefore reduces the motive for seeking new ways of coping with the disability, it is a real handicap for a man's chances of learning a more satisfactory readjustment.

Another form of previously successful but presently unfortunate adjustment is that of lowering the level of aspiration, or giving up active efforts to reach the goal. People who find themselves simply unable to get the income they have been hoping for may finally adjust quite satisfactorily by finding contentment with the lower level which they have reached. A man or woman who is repeatedly unsuccessful in love may finally give up the aim of getting married and manage somehow to get along single. This is probably a good healthy adjustment in those cases where the goal is really impossible of attainment. But it can easily be carried over to reaction to frustrations caused by a disa-

bility, especially because those frustrations may seem to the man at the time to be inevitable, even though in fact a great deal could be done to ameliorate them.

The kind of reaction that is favorable to the learning of appropriate new habits is that of persistently striving for the goal despite obstacles, and trying out a variety of ways of getting to the goal instead of sticking to one way that has proved unsuccessful. A man whose personality is characterized by this sort of persistence and variability of behavior in his adjustment to previous problems in his life has perhaps the best chance of making an easily successful adjustment to the new problems posed by disability.⁴

Maximum achievement

It is not only the inappropriate carry-over of old ways of adjusting that may interfere with success. Even if a man does persistently strive for new adjustment and does so by varying his behavior, he may learn new behavior that is less successful in coping with the frustrations than other habits that he might have learned.

This is an important point, of course, in the development of skill in the use of prostheses. A man who is not well informed about the possibilities of skill in their use or who does not have adequate guidance in his training may be satisfied with a kind of performance which will get him around or allow him to manipulate things much better than he had dreamed of before, but which in fact is far below the efficiency of which he is capable. If he once learns the less efficient habits, the success he attains with them may greatly reduce the

motive for further learning. Therefore, it is important that the most satisfactory habits be learned first, while there is still strong motive for learning.

This point is less widely appreciated and less easy to do something about in connection with the acquisition of new social skills and of new attitudes which will permit adequate self-esteem. In these areas of adjustment, the suitability of various new habits and attitudes depends so much on the individual's personality and on the social situations in which he is likely to find himself, that considerable insight into personality and social relationships may be required for sound guidance.

Principles of learning and psychotherapeutic methods

Anyone who is concerned with readjustment to disabilities—whether for himself or for friends, relatives, or clients—is necessarily concerned with the problem of learning. Once having gained an appreciation of the general role of disabilities in adjustment, then, his chances of contributing to successful readjustment may be furthered by pursuing two aspects of the study of learning: (1) the general principles of learning, validated in experimental studies, which can yield invaluable insights and suggestions in practical work with the disabled; and (2) the techniques and procedure of psychotherapy, which can be used in creating conditions favorable for the learning of new and successful adjustments to disability.⁵

⁵ On both points—principles of learning and psychotherapeutic methods—the detailed application to problems of disability remains to be made in the future. To a certain extent, such an application is made in Chapters 12–17 of *Psychology for the Returning Serviceman* (see footnote 1). Sources are also available, however, from which each reader can make applications for himself. A general treatment of principles of learning which, in the emphases it makes, is especially pertinent to the de-

⁴ For an easily understandable discussion of common forms of adjustment to frustration, see L. F. Shaffer, *The Psychology of Adjustment* (Boston: Houghton Mifflin, 1936), pp. 143–277.

velopment of simple skills and of social habits, may be found in N. E. Miller and J. Dollard, *Social Learning and Imitation* (New Haven: Yale University Press, 1941); see especially pp. 1-68. An application of some of those principles to the learning that takes place in the treatment of neuroses is made in a recent article, "The Acquisition of New Social Habits," by J. Dollard (pp. 442-64 in *The Sci-*

ence of Man in the World Crisis, edited by R. Linton, New York: Columbia University Press, 1945). C. R. Rogers gives an account in his *Counseling and Psychotherapy* (Boston: Houghton Mifflin, 1942) of certain therapeutic techniques which could probably be applied with special advantage to the disabled man who has a background of good general adjustment.

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Community Programs for Social Adjustment

By EDUARD C. LINDEMAN *

THE veteran of this war will be returned to normal community life on numerous "conveyer belts,"—institutions financed and managed by agencies of state and Federal governments. His initial interaction with his own people and the culture from which he has been detached will be primarily on a professional plane. One need not, of course, employ the future tense in describing this procedure, since it is already happening on a large scale. Veterans of this war, particularly those who have suffered physical or mental injuries, are learning a great deal about doctors, nurses, psychiatrists, therapeutic recreationists, and other such specialists.

While they are still in hospitals or convalescent centers, the veterans also establish connections with the society in which they are henceforth to live, by means of visits from friends and relatives and through musicians, actors, comedians, and other entertainers. These contacts represent important stages in social adjustment, but must be regarded as preliminary to the genuine adjusting process. As a matter of fact, if the professional contacts are continued over a long period, they may even impede true adjustment. Experience thus far indicates, however, that the number of veterans of this war who will require continuing or intermittent attention from professional specialists will be considerable, and that we should, therefore, strive to find ways of relating the professionals and their institutions to the routine of normal community life.

Social adjustment is not attained

merely through the establishment of good relations with a few individuals. It is achieved only when the individual, in this instance the veteran, finds himself in a working relationship with those institutions which serve the needs of people in general. An intimate friendship with another person, for example, is not an adequate indication of social adjustment. Indeed, when such personal relations become too absorbing, they actually prevent complete adjustment to the environment. Affectionate friends often draw circles about themselves which insulate them from the community. Young people in the early stages of marriage frequently become so absorbed in each other that they lose some of the habits of effective participation and find it difficult thereafter to "jump" the circle of intimacy. Satisfactory friendship is doubtless of fundamental importance, but community adjustment makes additional and more complex demands on the person.

CONTRAST IN ENVIRONMENT

The veteran's transition from military to civilian life is a movement between sharply contrasted environments. The essential social environment in the military situation is contained in a rigid structure of paternalistic discipline which dominates virtually every aspect of individual behavior. It is an environment from which the individual cannot escape and one which he cannot expect to change, hence his typical response to it is that of deference and accommodation. If such a routine of accommodation endures long enough, one may become accustomed to it and prefer its regimen to a life of relatively free choice. But we must assume that most American veterans will, when re-

* Certain elaborations and references were added to this paper, at the request of the author, by Amos H. Hawley, assistant professor of sociology at the University of Michigan.

leased from military service, react as all civilian armies in the past have reacted, namely, with the aim of achieving self-motivated activity.

In the civilian environment the veteran finds maximum opportunity for free individual expression. What is equally, if not more, important is that adjustment in the civilian world is a reciprocal rather than a unilateral process. To be sure, the community imposes certain conditions to which all must accommodate their actions, but these are customary and therefore are taken for granted; moreover, they are compensated by a wide range of selectivity. The individual may choose the elements of his environment with which he sets up relationships, his choices being guided by the promise of reciprocity. Adjustment in such a context is thus a matter of attaining, through selective participation, a role in the community which is both accepted by the group and satisfying to the person.

FREEDOM IS ESSENTIAL

The pathway leading to the adjustment of the veteran appears to be marked by increments of freedom. Those who expect to become involved in the solution of veterans' problems might do well to explore this idea thoroughly. If we really wish to be of assistance to the veteran, we will strive to enhance his freedom. He cannot achieve adjustment in any other way.

Well-meaning citizens often commit the most serious errors in this connection; they are so eager to help the veteran that they, in fact, rob him of his sense of freedom. We hear people declare: "Nothing is too good for these boys who have saved our civilization." A fine sentiment, with which no one will disagree, but if it leads to the undermining of the veteran's responsibility, the consequences will be disastrous. It threatens to produce one of two harm-

ful results: either the veteran may be reduced to dependency or forced into an embittered withdrawal from community life; he may either submit to the loss of freedom and become a public charge or his resentment of the civilians' lack of comprehension regarding his personal needs may make him a liability of a different sort. Excessive enthusiasm on the part of civilians in a Pennsylvania community seemed to be working toward the first of these responses before it was checked by intelligently co-ordinated community action.¹

Former employers frequently are incapable of understanding why the veteran is not overjoyed at being offered his old job. Or they are hurt when after a short trial he leaves the job which has been faithfully held open for his return. Nevertheless, these reactions on the part of the veteran are to be expected. Although the job may have been entirely satisfactory before military service, it may be unsatisfactory afterward, a fact which has already been widely observed in personnel and counseling offices.²

MUTUAL ADJUSTMENT

The veteran carries within himself similar barriers to his adjustment. He tends, during the tedious and hazardous months of military duty, to construct an ideal conception of his home community.³ Upon his return he is confronted with a reality which is quite unlike his dream.⁴ The resulting disillusionment on each side is sometimes a formidable

¹ J. B. Bamford, "Berks County's Veterans," *Survey Mid-Monthly*, Vol. LXXX (May 1944), pp. 155-57.

² Louis L. Bennett, "Problems of Homecoming," *Survey Mid-Monthly*, Vol. LXXX (Sept. 1944), pp. 246-48.

³ See George K. Pratt, *Soldier to Civilian, Problems of Readjustment* (New York, 1944), Chap. 6.

⁴ "Public Attitude Toward Ex-Servicemen After World War I," *Monthly Labor Review*, Vol. 57 (Dec. 1943), pp. 1060-73.

obstacle to adjustment. The segregation of civilian and soldier in radically different environments initiates divergent lines of change which neither is prepared to understand; each expects the other to remain constant while he goes about the business of meeting and assimilating a multitude of new experiences.

The oft-heard term "readjustment" is apt to be very misleading. It implies that the burden of adjustment lies wholly with the veteran—that the community will continue on in its accustomed patterns, the veterans dropping into prescribed niches as they succeed in their adjustment efforts. It is not unusual to observe civilians waiting patiently and patronizingly for veterans to fall back into their old habits, as though nothing were required of them, the civilians. But, as previously indicated, adjustment is normally a two-way process. Veterans and civilians necessarily influence one another: they should become aware of the inevitability of mutual adjustment in order that they may work together toward the creation of a more effective community organization. We make a grave error if we assume that the twelve to fifteen million veterans will not alter our local communities and our national life as well. It is the kind of error which prompts veterans to form pressure groups through which they may strive for a freedom and security which the community has failed to provide. We cannot too strongly emphasize that social adjustment is a dynamic process in which change is to be expected in every factor of the equation.

COMMUNITY CO-ORDINATION

From what has been said of adjustment, it is clear that the problem of the integration of veterans in civilian life can best be met by the concerted action

of the entire community. In every locale there are one or more resources in the form of community action groups, professional services, or governmental agencies, which may be mobilized for service to veterans. Any such program, of course, requires adequate planning, and every interested group in the community should share in the conception and supervision of the program, including rehabilitation agencies, welfare groups, the council of social agencies, schools, organized labor, employment services, local medical and dental associations, service clubs, veterans organizations, the chamber of commerce, the manufacturers association, and interested private citizens who know how their community operates.

Obviously, the aim of planning is to secure co-ordination and hence the fullest possible utilization of available facilities. A centralized and well-staffed service office, with clearly defined working relations with all institutions and groups in the community, should be the end product of organizational effort. This, in fact, is a brief description of the approach that has been taken by a great many communities. The state of Michigan has carried planning and co-ordination a step further in its organization of a state Office of Veterans Affairs. The purpose of the state office is to encourage the development of local programs, to supply information and assistance to local communities, and to augment local resources when necessary. Since its inception, in 1944, it has proved an effective stimulus to local activity.

NEEDS OF VETERANS

Perhaps we may get a better conception of the role played by community services for veterans' adjustment if we consider the various needs that are to be served.

Information

The many community veterans services that already have been established over the country are reporting that a large majority of servicemen who visit their offices need only information concerning local resources for employment, business opportunities, housing, hospitalization, and so forth, or concerning their legal rights and privileges.⁵ To the extent that community offices are staffed with competent personnel, it is possible to determine precisely the kind of information needed by the veteran and to refer him to the proper agency. Unfortunately, limited appropriations force many communities to employ volunteers for the purpose, persons who are neither fully informed as to available resources nor sufficiently skilled in interviewing to detect the veteran's need. It soon becomes apparent that the supplying of information cannot be dissociated from the counseling function.

Counseling

Thus the need for a counseling and diagnostic service is generally recognized. Needless to say, counseling is necessary with reference to a large variety of individual problems. Vocational counseling stands out as perhaps the most vital need, for the veteran wants nothing so much as an opportunity to become self-supporting. But the job is also related in some manner to family, marriage, housing, and other problems. There should be no attempt to compartmentalize in different agencies the interlocking needs of the person. The individual must be treated as a unit. Hence the securing of a competent counseling staff is of critical importance.

⁵ See *Occupations: The Vocational Guidance Magazine*, Vol. XXIII (Feb. 1945), pp. 281, 289, 296, 298.

Serious difficulties are encountered at this point, however. Many community services are inactive for want of adequately trained persons. In some instances experienced persons are borrowed on a part-time basis from established public and private agencies. The part-time arrangement, as observed in one midwestern community, has the disadvantage of making the service inaccessible to veterans who are unable or unlikely to conform to specific office-hour schedules. A number of localities are attempting, through brief training courses, to convert school teachers, high school vocational counselors, and selected veterans into proficient veterans' counselors. Evidently only the larger cities may be able to provide highly qualified professional personnel on a full-time basis.

Professional service

The disabled veteran is, of course, a direct responsibility of the Government of the United States. The local community begins its adjusting program when the veteran is released from government care. This is not entirely true, however, since partially disabled veterans receiving treatment in government hospitals are able to move about in the surrounding communities, so that parts of their lives are in the communities and other parts are peripheral to them. Some communities have established clinics, mostly psychiatric, for the free treatment of discharged veterans. These clinics are usually staffed by trained psychiatrists and psychiatric social workers who volunteer their services for certain hours each week. It goes without saying that clinics of this type can exist only in a few of the larger cities.

Education

Of all the services which the veteran

is likely to request, education is one for which the local community, in collaboration with state and Federal agencies, must be held strictly responsible. As far as educational facilities are provided by the public school system, responsibility is assumed by professional educators and administrators. What these specialists may neglect, however, is that variety of nonconventional learning which still goes by the awkward title of adult education. In addition to "common" schools, veterans will also need "uncommon" schools, to use Henry Thoreau's telling phrase, where they may learn not subject matter as such but rather those more subtle facts about their Nation and its culture which describe the hiatus between their prewar and postwar lives.⁶

Another phase of educational service, in practice in some communities, is the organization of forums for the discussion of matters affecting the veterans' adjustment. Thus the veterans gain a direct personal voice in the administration of the community program, as well as useful information. The forum offers an opportunity, too, for veteran and civilian to share each other's views.

Recreation and sociability

When it is assumed that the veteran's chief need will be activity to occupy his leisure, the community's response flows in one of two directions: (1) the establishment of recreation centers with equipment and leadership provided, or (2) the development of plans for systematically bringing the veterans into group relationships. The latter program represents a higher level of planning than the former, for it does not segregate the veteran. Moreover, it

provides experience which may be useful in ongoing community planning.

In this connection the factor of leadership should be given special attention. It is probable that nothing else will facilitate the veteran's adjustment so rapidly and so effectively as the act of placing him in a position to exercise leadership.⁷ In the process of reinducting him into civilian life, thought should be given to the varieties of his war experience, particularly those pertaining to experience in the handling of men. Many veterans have indicated a desire to use this recently developed ability, and that desire should not be frustrated or allowed to die out. We shall have great need for leadership in the trying years of reconstruction following the war. It would be unwise, of course, for communities to appoint veterans to leadership positions arbitrarily, but they should furnish numerous situations in which the veteran may demonstrate his capabilities.

Friendship

The veteran needs friendliness, but he will take it on his own terms. Many of the men of the armed forces to whom he has become attached in ways which no civilian can understand are not residents of his community. Veterans on leave or furlough often spend a great deal of time visiting the families of their comrades in arms. The veteran's old local friendship ties are often broken, unless his absence has been brief. He is suspicious of comparative strangers who come toward him with offers of friendship, and he is expert in detecting sham and hypocrisy. Still, his greatest need is for companionship and fellowship with persons who behave toward him in a consistently affectionate manner.

Since this requirement cannot be ful-

⁶ Persons who wish more information on the suggestion made here are invited to correspond with the New York Adult Education Council, 254 Fourth Avenue, New York 10, N. Y.

⁷ Willard Waller, *Veteran Comes Back* (New York, 1944), pp. 262-63.

filled by artificial means, and since all efforts at forcing are bound to fail, it represents one of the most baffling items in the community's responsibility. Evidently the best the community can do is to create situations in which friendship groups can easily form and in which they will be encouraged and facilitated. Nothing would be more futile than to plan for professional friendliness. It should not be assumed, either, that veterans organizations as such will automatically consist of friendship patterns.

THE LARGER PROBLEM

The question now arises: Should community service and counseling agencies be provided for veterans alone, or should they be developed for the use of the community as a whole? If we think of veterans' adjustment as a problem in community adjustment, then it is the latter that is to be favored.

There are a number of considerations which recommend this view of the matter. To segregate the veteran and his problem is to place an obstacle in the path of his resumption of civilian life. He is a part of the community, though

he has been temporarily absent, and he should be accorded recognition as such. He should also be led to see his need as part of a larger problem, the solution of which involves his and the civilian's combined efforts.

Moreover, there are other elements of the population needing assistance, such as war workers and migrants. It is interesting to note that in some communities, planning has recognized this fact. Fort Smith, Arkansas, for example, has inaugurated a Community Adult Counseling Service, and in the first seven months of its operation forty-nine of the sixty-three cases serviced were civilian cases.⁸

This experience seems to indicate that the present opportunity for achieving a high degree of community integration through service to veterans has many latent possibilities looking toward the welfare of the total population. What appears as an emergency may become the means by which we shall learn how to co-ordinate our various institutions and agencies into a functional and unified whole.

⁸ J. Fred Patton, "The Community Adult Counseling Service of Fort Smith, Arkansas," *Occupations*, Vol. XXIII (Feb. 1945), p. 277.

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The Disabled Veteran in the Family

By ERNEST R. MOWRER and HARRIET R. MOWRER

THE veteran's adjustment in his family can be understood only if one keeps in mind the traditions, hopes, and expectations which characterize the social milieu in which he must once again find a place. Because these have their influence upon the returned veteran and upon his family, they cannot be minimized. One of these elements is the traditional role which the hero occupies in our culture—if not in all cultures. While the enhanced prestige which the hero experiences is a matter of common observation, the reflected prestige enjoyed by the members of his family is not so apparent. It is the desire for this reflected prestige which to a large extent operates as a coercive force in compelling the hero to conform to the role expected of him, whether he wishes to or not.

Many veterans enjoy the role of the hero and adjust quite readily to what is expected of them. Communities vie with one another in lionizing their heroes to such a degree as even to encourage unscrupulous veterans to pretend exploits in the absence of a sufficient supply of bona fide heroes. And yet the period of lionization is transitory, with the frequent, although not inevitable, consequence that the veteran develops a false sense of security and a feeling of increased restlessness when he needs most to face reality and work out techniques of adjustment to a less glamorous and more stable world of human relationships. Members of his family need to contribute to this stability by realizing that although family pride in the achievement of its members is an admirable virtue, it can in many instances impede the disabled veteran's adjustment. If he is forced to occupy the center of the stage and be plunged

into many contacts when he wishes to face only a few persons and slowly re-establish his relationships with them, the experience can but further contribute to his disorganization.

DESIRE FOR THE VETERAN'S STORY

Closely associated with the hero's traditional role is the desire of others to know the story back of his achievement. It is common in our culture to find persons who are particularly fond of gory details. Most of us, perhaps, like a graphic story and appreciate the addition of a realistic detail or two if they do not too shock the standards of so-called polite society. It is quite understandable, then, for the nonparticipant to want the whole story, gruesome and unpleasant as it may be in some of its details. Nevertheless, the disabled veteran should be discouraged from relating too many of the details back of his loss of limb, for example, or the systematic steps in his reconditioning, even if he should care to do so. Such details only encourage him to focus attention upon his disability to which he is endeavoring to adjust, and to revive unpleasant experiences which he wants to forget.

If he has experienced the trauma of battle the veteran wishes to forget the experiences which have been so unpleasant, and the reconditioning which he has undergone has endeavored to substitute constructive activity for symptoms. It is for the family to show insight and understanding rather than curiosity; and recreational and stimulating activities are more important than long talks at home unless they deal with planning for the future. If there are any details which need to be told and elaborated upon, these will be unfolded

spontaneously as time elapses, in the day-by-day course of the readjustment process of the disabled veteran. In this more normal setting these details can be given a redefinition and reorientation in a harmonious familial setting which will modify the original responses to them and gradually cushion the fears and unpleasantness with which they are associated.

THE ELEMENT OF CHANGE

Another factor which characterizes the cultural milieu which the soldier has left and now must return to, is that element of idealization which strives for the status quo in both social and physical environment. Thus, the soldier dreams of revisiting his favorite restaurant, dining on the same food, to the same melody played by the same orchestra, and with the same girl as prior to the war. The House of Commons in England will be rebuilt exactly as before the war; a mother is happy when reassured by her soldier-son's buddy that his hair, through three years of war experience, is still golden and curly; a soldier's wife keeps an elaborately decorated Christmas tree in her living room for several months after Christmas waiting for her husband's return in the hope that he will always have a Christmas tree.

This element makes the readjustment of the veteran more difficult for a number of reasons. It is impossible for him to resurrect the past and not be disappointed in the experience. While the physical surroundings may have some resemblance to the past, he himself is different, as are the others about him. Even his attitudes toward these familiar surroundings are different, and consequently the scene is not the same and the experience cannot be recaptured. This is likely to make him feel that he is "out of step." This sense of disappointment and restlessness often ac-

counts for the feeling of relief with which some soldiers look upon the end of their furloughs. In the situation of the disabled veteran, there is the added problem that he often feels that the inability to recapture the past is due to his particular disability—that his physical and mental equipment is now so different as to cause him to be unable to adjust to an experience which he previously took for granted.

Changes in physical appearance are so closely associated in most minds with misfortunes and mental and physical suffering that a premium is placed upon "looking well," "not changing through the years," "not having a gray hair," "appearing serene," and so forth. It is with fear, if not dread, that many families look forward to the return of their veteran members because of the change in physical appearance they anticipate may have occurred. Because of this fact, the reunion often is tinged with tension and strangeness which might be avoided if a more realistic attitude were taken toward the inevitability of change, and a better understanding were had of the probable character of change.

In the situation of the disabled veteran, changes may be more marked and he may feel highly sensitive to the attitudes of those persons with whom he comes into contact, identifying these changes with his particular disability. This, of course, will depend upon the extent to which he accepts his disability and believes those closest to him accept it. On the other hand, when there are few external indices of change, as in the case of some of the neuropsychiatrics, the family may be misled into assuming that no personality changes, no matter how slight, have taken place. Thus, the veteran may be put in the uneasy position of feeling that his behavior, although essentially normal, may reveal changes which they will not want to accept.

PARADOXICAL ATTITUDES

The disabled veteran must readjust himself to a period in the cultural milieu in which the greatest paradoxes are found. Attitudes of high emotionality and yet of extreme callousness exist side by side during war periods and the years immediately following. Thus, at the present time one sees unusual displays of sentimentality and generosity toward children suffering from rare diseases or physical disabilities, such as recently reported by the press in the Nubbins and Attabury cases; at the same time an increasing number of children are being neglected and abandoned, even mistreated, without any particular alarm being expressed by the public. The veteran will experience paradoxical attitudes of one sort or another as does the civilian inevitably in his human relationships, but with the latter the transition with which he is introduced to them has been gradual and not associated with a highly emotional experience.

Thus, the disabled veteran's adjustment is undoubtedly affected by some of these elements characterizing war-time civilian life; a period in which he may find disillusionment unless offset by affectional experiences within the family. One disabled veteran may, for example, capture the sentimental imagination of the public; another may be ignored, even discriminated against or brutally treated, if he happens to antagonize a none too patriotic civilian. The disillusionment of the disabled veteran would of course be tempered were he aware of the fact that such callousness is inherent in the period in which he lives and does not represent discrimination against the veteran as such; but, often lacking this understanding, self-pity and resentment against his misfortune and against society in general block appreciation of this fact.

FAMILY RELATIONSHIPS AND THE
DISABLED VETERAN

The problem of the disabled veteran in his family relationships is dual in character. The family must first incorporate him as a person who has been separated from them. The major aspects of the problem of adjustment consist in reviving those features of the family relationship which have fallen into disuse during his absence. When there is disability, on the other hand, the returned soldier is at once a person who has been separated from his family, and also one whose potentialities of social adjustment have been in some respects materially changed. This means that the problem of adjustment to his family is more than that of reviving the lapsed aspects of the relationship, since many of the old adjustments are no longer appropriate and new ones will have to be developed to take their place. This distinction between the two aspects is relative, since changes in personality and social situation always take place during separation, of such character as to make inappropriate some of the phases of familial adjustment, but these changes are more radical in the case of the disabled veteran.

The matter of readjustment to family relationships is not, however, peculiar to the returned soldier, whether disabled or not. Family relations are always in flux and in the process of change. Family stability under any set of circumstances represents an equilibrium between the patterns of accommodation which continue to be mutually satisfying and those which are in the process of breaking down because they no longer meet current needs. In other words, the normal process of family interaction, whether between husband and wife, parents and children, or brothers and sisters, is one in which new problems

are constantly arising, the adjustment to which will involve redefinitions of the relationship between the various members of the family group. Sometimes the solution of these problems will eventuate in accommodations which will become stabilizing forces in the relationship; in other instances the pattern of accommodation itself will represent a decline in unity or become the basis for increased instability. The problem of the disabled veteran in the family is part and parcel of the problem of all individuals in family relations, its peculiar significance growing out of the accentuation of some of the basic aspects of accommodation and reaccommodation which characterize all family interaction.

The reorientation of the returned physically or mentally handicapped soldier in his family takes on chiefly two different patternings. First, there is the readjustment of the unmarried man into his earlier family relationship, in which accommodation to his parents, brothers, and sisters is of primary concern. Secondly, there is the married man whose readjustment is a matter primarily of husband-wife relations and parent-child associations.

THE UNMARRIED VETERAN

The role which the son has played in the family prior to induction into military life is highly significant in determining the parent-child relationship upon his return to civilian life. Of particular significance in this relationship is the pattern of accommodation between the person and his mother, since in our culture the attachment of mother and son is facilitated by the glorification of mother love and love for mother. Thus, there are gold star mothers but not fathers in wartime; and in peacetime the victorious prize fighter addresses his mother over the radio!

When the soldier's induction has been

at a comparatively early age, he has often been, as the slang expression has it, "attached to his mother's apron strings." Army life has resulted in the emancipation of the individual from this close relationship with its attitudes of dependence. Upon return home the tendency is likely to be the treatment of the veteran by the members of the family as though this relationship had not changed. But the maturation of the soldier will often preclude the resumption of this relationship, except that the disabled man may find it more difficult to assert his independence than those who do not suffer from disability.

When the disability is physical, the difficulties of economic adjustment tend to strengthen the coercive and compulsive hold which the family is able to exert because of the earlier pattern of relationship. When the disability is psychological, this attitude of dependency harmonizes with the pattern of his neurosis and may easily counteract all the treatment designed to give him assurance, independence, and confidence in himself, which has been the goal of the therapeutic procedure at the reconditioning center prior to his release from the service. Or when the veteran whose disability is neuropsychiatric resists family control, it is made clear to him that of course they know best, for he is in no condition to possess soundness of judgment; thus strengthening whatever lurking fear of inadequacy has remained in the face of psychiatric treatment. If the reconditioning process has been none too successful, the family situation of dependency only facilitates the entrenchment of the pattern which found its inception in service, and further incapacitates the individual for normal adjustment to civilian life.

For many individuals, military service has provided the opportunity for the emancipation of the individual from the dominating control of the family.

Disability often forces him back into the dependent relationship from which neurotic behavior may become the only escape open to him. Thus a son, who through military experience is able to rid himself of the domination of a mother-son relationship, finds himself through physical disablement back in the same role as prior to his leaving home, and yet the resumed situation is so distasteful and intolerable to him that he develops a neurosis which incapacitates him even more than did his physical disability. Or, take the example of an older son who, unable to face the resumption of his role as chief financial supporter of his dominating and complaining widowed mother, exaggerates his physical disability, with the consequent development of a neurosis.

Disability, furthermore, may require readjustment of the family's aspirations for the vocational activities and training of its returned member. When a great premium has been placed upon a particular vocational or professional selection (such as the vocation of the father or that to which the father aspired as a youth but which he was never able to realize), this may lead to rebellion on the part of the son to family insistence upon adherence to previous plans; or, when abandoned in what seems to be his best interests, he may develop feelings of frustration and dissatisfaction in not being able to follow out these earlier plans, since this failure comes to symbolize to him his own incapacity.

HUSBAND-WIFE RELATIONSHIPS

That the divorce rate following the war will be alarmingly high, most students of the family have predicted. That a considerable number of these divorces will involve disabled veterans and their marriage partners will be

quite likely. By and large, however, the causes of these failures in marriage will not be due to disability, either physical or mental, of the veteran husband. More important causes will be the type of marriage; the conditions under which it took place; the backgrounds of the persons involved; their hopes, aspirations, interests, and ideals; their ability in meeting problem situations; their emotional maturity and emancipation from early family ties and fixations.

That many marriages entered into in wartime must inevitably fail because of the conditions under which they took place is obvious to most students of the family. A disabled veteran's marriage has, except under peculiar conditions, as much chance of success as that of any other veteran's, entered into under similar conditions. The disabled veteran's marriage, like any marriage, will present problems. Adjustment in any marriage is not a state suddenly achieved, but, instead, a continuous process of adjustment and readjustment. This is to say that a certain amount of conflict is normal, so long as there is accommodation and displacement.

Adjustment between husband and wife must be achieved in certain realms of interaction which characterize all marriages: the sexual, response, cultural, and personal attributes. The types of problems which develop in the marriage relationship of the disabled veteran are not unique or different from those of civilian marriage conflict. Just as the psychoneurosis of wartime is identical with civilian neurosis, except for the nature of the trauma, so types of marriage conflict are fundamentally the same except for the concrete experiences which enter into the patterns and constitute the setting.

Problems in sexual adjustment will be inevitable. If the marriage is of

fairly long duration and some degree of satisfactory sexual adjustment has already taken place, readjustment should not be so difficult. In any case, adjustment will be determined to a large extent by the attitudes, wishes, and understanding of the persons involved. In the minds of some may lurk the fear that the other has been unfaithful, but this will be true in the main of those cases in which the persons were not sure of the fidelity of the other before the wartime separation, or when a close affectional relationship has not been developed. Dissatisfaction and disillusionment in the sexual relationship may also be a reflection of the realization that the couple have few interests, ideals, and aspirations in common, irrespective of whether or not some disability is present.

When the physical disability is of the sort which necessitates a change in the pattern of sexual contacts, or prevents such contacts entirely, it often will be necessary for the couple to consult a counselor in working out an adjustment to the situation. Here sex will have to become redefined in the minds of the persons involved, and given its proper perspective in the marriage relationship, with greater emphasis upon the affectional rather than the physical aspects. It will be the attitude and understanding that the couple assume toward the change in pattern that will determine the degree to which accommodation will take place. If these attitudes can be free from feelings of guilt, frustration, inferiority, or resentment, then little or no discord will ensue. But the wife may experience guilt feelings in wishing her husband were the same as previously, and the husband may fear that his inability to satisfy his wife sexually will cause him to lose her. If, however, they can understand that these are normal reactions which understanding and insight by two mature persons who have

other interests in common can dispel, discord will be minimized.

An individual who feels inferior and insecure demands reassurance more often than one who is well adjusted. Thus the psychoneurotic, like anyone who feels that he is meeting a challenge, demands more in the way of reassurance and understanding than one whose status is taken for granted. One phase of this reassurance may need to evolve from the sexual relationship, and calls for understanding and patience on the part of the wife, and the development of the closest affectional attitudes.

One of the greatest impediments to the achievement of harmonious affectional or response relations is a feeling of strangeness and lack of close identification. This is more pronounced in those cases where there was little opportunity to live together prior to separation. Yet in many cases letters have been exchanged daily and photographs from time to time so that a close affectional relationship is maintained. In some instances, so successfully has this been done that the couple find it difficult to talk as intimately as they were able to express themselves on paper. But there are many other instances in which frequent letters have not been exchanged and the husband returns as from the dead. In cases where there has been little or no contact throughout the separation and when the husband returns disabled, this feeling of strangeness will be more pronounced. This is due to the almost complete lack of continuity in the relationship, so that any changes in attitudes and in personality of either which have taken place during this time seem exaggerated because of the suddenness with which the person is made aware of them. These changes, in the case of the disabled, tend to be erroneously associated with the disability, and consequently one or the other person or both

feel unable to cope with the situation, and rationalize that the marriage was a mistake anyway.

The in-laws

One element which will make the development of a harmonious affectional relationship between husband and wife more difficult is the presence of in-laws to whom they must adjust. In many cases the wife has not worked out a very satisfactory adjustment with her husband's parents during his absence, or even with her own for that matter. Because of the financial situation she may have been forced to live with either her own or her husband's parents. While in a war period antagonisms between in-laws are for a time repressed in the emotionality of the situation, this is only temporary. Wives and mothers are rivals in wartime as well as in peacetime. In many cases government insurance is the basis for further conflict, each feeling that she more than the other is entitled to be named beneficiary, and each recognizing it as a symbol of the affectional relationship between themselves and the object of their affection. As one mother expressed it, "He belongs to me more than to her. I have had him always; she has had him only a short time."

The disabled veteran and his wife often feel that, for financial reasons, they must continue to live with in-laws. Such a situation is a potential source of conflict. Presence of in-laws will only add to the initial strangeness which each feels for the other because of their long separation. The situation is further complicated if one of the marriage partners must adjust to others in the household with whom he must constantly share the person of his affection. Nevertheless, a disabled husband may unconsciously wish to live with his parents because he fears assuming responsibility and independently meet-

ing new situations, when this is the very thing he must learn to do. Or the wife may cling to her parents because she fears facing the new adjustment demanded of her. In both instances these attitudes must be met or the marriage will not be successful.

Economic problems

Economic problems enter into many situations. Economic adjustment is of importance not only from the standpoint of financial independence and security, but also from that of the psychological effects upon the individual of feeling that he is able to work again or retrain for a new job. The sooner old work habits can be revived, or a new work routine established, the less serious will be the economic problems which must eventually affect the marriage relationship.

In many cases the wife has held a position while her husband has been fighting. Some have been able to save for the time when the husband is discharged. This money may need to be used during the time of economic readjustment. In other cases it may be necessary for the wife to continue her position, or she may prefer to do so. Many families weathered the economic depression of the thirties through the employment of the most employable member of the family. A similar adjustment to the situation will have to be made in the postwar world. For a time, at least in many cases, there will have to be a reversal of role: the wife acting as the wage earner; the husband caring for the children (if there are any), or being sent to school or college to train for a profession or a trade. While many soldiers in the foxholes like to dream romantically of their women in the home, by the time of their discharge they will be influenced by the practicability of the situation and the further cultural changes in woman's

position which will result from World War II. A man need no longer feel inferior or shelved or that his masculinity is challenged if his wife must work, or prefers to do so, while he readjusts to a civilian work world.

Changes in ideas

Both husband and wife who have been separated for many months, with experiences widely dissimilar during that time, may find that they no longer have similar beliefs and interests. The couple may have thought them quite similar and so they may have been; or in the interest of idealization of the love experience they may have appeared to be completely in harmony, while in reality this was only an illusion. In the experience of battle a man can undergo many changes. Thus, a man who formerly had no interest in religion may come home a religious person who gets a certain relief from participation in religious services. His wife most likely has not undergone this change. Whereas formerly they both may have held racial prejudices, he no longer distinguishes between races and is friendly with persons of an entirely different type than formerly. He also may have developed different moral standards from those he had formerly. In fact, his life values and whole philosophy of life may have undergone a radical change.

The wife, under these circumstances, is faced with the problem of adjusting to these changes in her husband just as he faces the problem of adjusting to a wife whose ideas are quite contrary to his own because they have not changed. If the husband because of the war has experienced emotional instability, it will be difficult for the wife to distinguish between what she interprets as a continuation of his personal disorganization and what are the normal personality changes which come with wide travel

and greater mobility. Nevertheless, she will need to make and understand this distinction. In fact, the source of one of the greatest adjustment problems in the familial relationship is the tendency for any changes in attitudes due to other causes, normal as they may be, to become rationalized in the form of the particular disability which the veteran presents. For this reason the disabled veteran often finds himself in the paradoxical position of refusing to tell of his disability, if it is neuropsychiatric, because of his fear that others will pigeonhole all his behavior in this category, and yet unconsciously doing the same thing himself by rationalizing in these terms behavior which he does not understand.

THE DISABLED VETERAN FATHER

Not only must a pattern of reaccommodation be achieved in the husband-wife relationship, but, when there are children in the family, role patterns here too must be worked out. In the case of the mother these probably have already been well established by the time the father is discharged from service. In this respect the father inevitably enters the family circle at a disadvantage. If the child is still very young, this is less marked than when it is several years old and already has developed definite attachments. There are instances when the relationship between mother and child may have become one of such intimate attachment as to preclude the father as a participant in the family group. The husband may be put in the position of becoming the child's rival for the mother's affection. Thus, in the case of the little girl who exclaimed: "I don't like this strange man; I saw him kissing my mama this morning!"

A great deal of this strangeness would have been avoided if the mother had very early incorporated the father

into the child's life by having a large photograph of him in view, showing it to the child and explaining his absence in terms of the war situation, which the average child already knows about, and reading portions of his letters aloud. The child, also, needs to be incorporated into the father's life in a similar way through photographs, and letters if possible, so that he is made to feel that he is being consulted about it and kept acquainted with its development. When the father comes home, the child should be given the proper perspective in the family group so that neither parent feels that it does other than strengthen their own intimate relationship. The child should already have been prepared for this role by the mother.

When the father is a disabled veteran, the child—if old enough—should be given some explanation of the physical disability if there is an obvious one. Children, naturally curious, can be unintentionally very cruel in their questions, and if the person is sensitive about his disability he may be made to feel uneasy and embarrassed. Furthermore, such an explanation interprets the family situation for the child so that he can better accept it, and he is entitled to this explanation.

When the child has been in close contact with in-laws, problems may arise upon the father's discharge. During wartime even greater fixations are likely to develop between grandparent and child than in peacetime. These fixations may be such as to exclude either parent from the family relationship, although because of the husband's long absence he is the one more likely to be excluded. When the wife has lived with either her husband's or her own parents, particularly if she has been working, leaving the care of the child to a relative, a too possessive attitude may have been developed toward the child by this person. A grand-

parent, for example, may see in her grandson the image of her son who she thinks may not return after the war, and so an overattachment is developed. When the son does return, particularly if he is disabled, she can rationalize her fixation in this way: "You are handicapped; what can you do for the child? Here he has a good home."

Thus, in many instances the discharged father finds himself in the position of having to struggle both for the physical possession of his child and also to establish himself in the affectional father role. In other instances it may be the wife, rather than the disabled husband, who resents the relative's control of the child. The veteran's willingness to acquiesce in his parent's wishes may symbolize to the wife a greater disability than he possesses, so that she prefers to have her child and separate from her husband, leaving him to his parents upon whom he tends to lean.

ROLE OF FAMILY CLINICIAN

It is in the family, then, that the disabled veteran must find security, affection, reassurance, and reorientation before he can establish himself with assurance in the world outside. It was in the family that his personality was molded from birth into the physical and psychological equipment with which he, as a mature adult, later met the crisis of battle and all it entailed. It is in the family that this equipment must be reconditioned so that he can function effectively in the social milieu. That the science of human relationships has contributed and will contribute further in making possible his readjustment is a development chiefly made possible since World War I. Psychology, sociology, and psychiatry have made their greatest strides since that time. By the time of his discharge to his family, the veteran of World War II will have been exposed to the best there is in medicine

and neuropsychiatry in the process of rasing from him the scars of battle. At this point it will be for the highly trained family clinician and professional counselor to contribute his research and skill toward making possible a more successful and satisfying family relationship through which the veteran will again become oriented to a peacetime world.

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Rehabilitation Services of Veterans Organizations

By THEODORE NEWCOMB and AMOS H. HAWLEY

THE returning veteran whose discharge is without dishonor finds himself confronted with vigorous appeals to join one or more veterans organizations.¹ The three principal national bodies are distinguished primarily by their membership qualifications. If the veteran has been wounded or otherwise disabled in action, he may join the Disabled American Veterans. His is eligible for membership in the Veterans of Foreign Wars of the United States if he wears a campaign ribbon for service in areas outside of continental United States, whether or not he has been wounded. With or without these qualifications, as long as he has been in the uniform of one of the armed services, he may become a member of the American Legion.

Each of the three organizations stands ready to aid the veteran in the solution of the complex problems involved in his return and adjustment to useful civilian life, and each maintains a rehabilitation service for that purpose. Veterans organizations provide fellowship for their members, services to local communities, and leadership in Americanization programs, as well as assistance in rehabilitating the discharged veteran. Our concern in this article, however, is limited to the last-named function. What constitutes rehabilitation as conceived by the veterans organizations, and how the rehabilitation services operate, form the sub-

ject matter of the following discussion. Our aim is to place those services in the larger context of the total program of the development and maintenance of resources for the readjustment of the veteran.

The prospective member of a veterans organization may wonder, if he is of a reflective turn of mind, why three such organizations are needed. A perusal of their literatures may lead him to entertain some doubts as to whether they are not actively competing with one another in seeking to enroll him. One advertises itself as an elite organization; another claims endorsement by the *Congressional Record*; and the third bases its appeal upon patriotism and comradeship, as well as upon tangible services. It is likely, however, that the veteran's first and perhaps his most intimate contact with an organization will be through its rehabilitation service. And in that respect his suspicion of competition may again be aroused, for the several rehabilitation services are virtually the same in organization, in function, and in aim.² What one does, the others duplicate.

LEGISLATIVE ACTIVITY

Rehabilitation as practiced by the veterans societies is, with minor deviations, a matter of aiding the individual in securing government benefits. The service begins with the legislative committees, which, either at the direction of national conventions or on their own initiatives, sponsor the drafting of bills providing for various veterans compensations and benefits, present such bills to members of Congress for intro-

² The American Red Cross offers a similar rehabilitation service.

¹ The authors are indebted to Mr. Edward N. Scheiberling, National Commander, The American Legion, and to Mr. Omar B. Ketchum, National Legislative Representative, Veterans of Foreign Wars of the United States, for prepared statements and much valuable information. Mr. Millard C. Rice, National Service Director, Disabled American Veterans, also lent substantial assistance.

duction, apply pressure for the holding of congressional committee hearings on the bills, testify at such hearings, and, when bills are favorably reported out of Committee, undertake to induce the Congress to enact them into law.

Legislative activities continue the year around. The average yearly program of the Veterans of Foreign Wars, for example, varies from 50 to 125 bills. Similar programs are carried on by the American Legion and the Disabled American Veterans. Their combined efforts embrace a wide array of likely benefits, ranging from free postage for institutionalized veterans to pensions for the widows of veterans regardless of the causes of death. On many bills there is co-operation among the three organizations, though often one of the three finds itself at odds with one or both of the others. At present, inter-organization competition is evident in the conflicting claims over the authorship of the so-called GI Bill of Rights, though no one of the three was actually responsible for the initiation of that bill.

SECURING BENEFIT CLAIMS

Appropriate legislation having been secured, the rehabilitation process is then taken up by the committees or offices designated as rehabilitation services. Each organization maintains a full-time professional staff of lawyers, physicians, and investigators, supplemented by hundreds of volunteer service officers, one working locally from each post, to originate and press the claims of veterans. The relation of the rehabilitation service to the veteran may be compared with that of the lawyer to his client. Since the Government is necessarily in the position of defendant, it cannot assume also the role of the plaintiff; hence the latter function falls to the veterans societies. The technical language of law, together

with the average veteran's unfamiliarity with the variety of benefits available to him, recommends the intervention of professional assistants such as are made available through the rehabilitation services.

To illustrate the workings of the services, a returned veteran is brought to the attention of the volunteer service officer of the local post of a veterans organization. Should he require hospitalization, the post officer arranges all the details involved in his entrance into the hospital. In the event that the veteran has a claim for pension, the local service officer initiates the claim and turns it over to the regional or national service officer, who processes it and follows it through to its final disposition. Similar action is taken should it appear that the veteran has a legitimate claim to educational allotments under the GI law. Altogether, some million-odd claims have been handled in this manner by the three rehabilitation services, leading to awards to veterans of something in excess of \$100,000,000.

EMPLOYMENT AND OTHER SERVICES

Attempts at rehabilitation by means other than securing benefit claims are few. Some efforts are made to obtain employment opportunities, for the most part through pressure on legislative bodies, both state and national, for preferential treatment of veterans. Occasionally, also, direct appeals are made to employers and to labor unions to observe the needs and legal rights of veterans. Direct employment or placement service is not attempted by the veterans organizations and, in fact, is unwarranted, since the United States Employment Service and the Veterans Administration³ are already constituted

³ These two Federal agencies have recently been augmented by the Retraining and Re-

for the purpose and better adapted to the task. A unique departure from employment service in the usual sense has been introduced by the American Legion. That organization has retained two disabled veterans, one who has lost both legs and the other without arms, to visit hospitals specializing in amputations, for the purpose of demonstrating prosthetic appliances. Occasionally these men visit industrial plants to indicate the abilities of men thus handicapped in gainful occupations.

At the present time the Disabled American Veterans is selecting a number of veterans who are to become service officers for the organization. These men will be sent to American University for a twenty-week course designed to prepare them for their positions. Arrangements have been completed to provide this training to them as beneficiaries of Public Law 16, vocational rehabilitation.⁴

BROADER SERVICES NEEDED

It is obvious that the adjustment problems of veterans are viewed more or less exclusively as financial problems by all of the service organizations. While the restoration of the veteran to a secure financial status is undoubtedly sound therapeutics, it cannot be gainsaid that his problem is often a more widely ramified and complicated one. Given their resources, their accumulations of experience, and their intimate relations with the veteran himself, the national organizations are in a position to undertake a more positive and comprehensive rehabilitation program than that in which they have so far been engaged.

Such a program might well include:

employment Administration, a planning and co-ordinating body.

⁴ For a further discussion of this course, see article by Francis J. Brown, in this volume.

(1) education of communities in the manner of receiving veterans and facilitating their resumption of normal lives—most effectively carried out, probably, on the concrete level of direct relationships with local institutions such as churches, YMCA's, and labor unions; (2) assistance to the veteran in community readjustment through professionally staffed clinics, discussion groups, and authoritative literature; and (3) experimentation with techniques of occupational therapy for the disabled while also participating in the co-ordination of the many state and local therapy services now being established.⁵ Activities of this sort are capable of yielding more constructive results than is the mere pursuit of monetary benefits. It is interesting to note, in this connection, that the three organizations are now greatly enlarging their rehabilitation service staffs, but without any noticeable broadening of their conception of rehabilitation.

SUMMARY

By way of summarizing the significance of these major features of the veterans organizations, we offer the following observations:

1. The similarities among the three organizations appear more conspicuous than their differences. Thus their common characteristics rather than their minor peculiarities are stressed.

2. The three organizations, together, have been notably successful in furthering legislation conferring direct benefits upon disabled and other veterans. Their research staffs, legal staffs, and lobbyists have kept them in touch with needs as felt by their respective memberships, have provided the political know-how for steering bills through legislative bodies, and have brought popular pressures to bear. The kinds of benefits for which they have most

⁵ Cf. Thomas A. C. Rennie, in this volume.

consistently worked are financial grants, hospitalization, and preferential employment opportunities.

3. Legislative functions have been supplemented, with equal effectiveness, by counseling services through which individual veterans have been helped to obtain the benefits provided by legislation. These services include advising the veteran of his rights, assisting him in filing claims, and serving as legal agent in pursuing the claims. The claims usually involve monetary benefits or hospitalization.

4. To a less extent, the three organizations also offer employment services, particularly with respect to the civil service. Information is available to individual veterans as to kinds of positions for which they are eligible, and in some cases their preferential claims are pressed by the organizations.

5. Some information services are offered as to means and opportunities of obtaining vocational training, particularly for those whose disabilities have unfitted them for former occupations. Apparently, however, these services are rendered primarily by the printed word, rather than through individual counseling. None of the organizations claims to have a staff adequate to provide individual diagnosis and counsel for all those who might profit from them. On a small scale, all the organizations attempt to maintain a public information service whereby employers, labor unions, and the public at large are reminded and informed of the employment needs and rights of the veteran.

6. The efficacy of these services depends in part upon the size of the organization's membership. Each organization's funds come largely from membership fees, and political influence increases with the strength of membership for which the organization can speak. Hence it is not surprising

that there is active competition for members. (Two considerations tend to reduce, theoretically at least, the intensity of the competition: each of the organizations offers its services to non-members as well as to members; and it is possible to belong to two or even three of them simultaneously. It is quite clear, however, that the average veteran believes he will be better taken care of as a member than as a nonmember. And most veterans do not feel that they can afford to pay dues in more than one of the organizations.) Thus the veterans organizations, like other competing institutions, must keep one eye on those sheerly institutional objectives of keeping themselves in power, while the other watches the service functions on the basis of which they appeal to members.⁶

7. This over-all picture of great effectiveness in obtaining certain tangible benefits, together with only minimum effectiveness in assistance toward vocational and community readjustment, is in part a result of the quasi-political nature of the three organizations. Not only are they competing among themselves, but as representatives of a special interest group they are competing with other interest groups. Concrete achievement leads to increased prestige, which leads in turn to the possibility of further successes, and so on, ad infinitum. Thus each of the three, and all together, are under compulsion to produce substantial results if they are to retain their position. Because voca-

⁶ The Servicemen's Bureau of the Detroit Metropolitan Area is an example of effective co-operation among the three organizations and the community agencies. The Bureau has a staff equipped to provide information as to rights and benefits under Federal legislation, prepare claims for obtaining such entitlements, and follow such claims through the Veterans Administration. The bureau is an agency of the Community Fund operated under an agreement with the three servicemen's organizations.

tional and community readjustments are gradual and inconspicuous affairs, rather than lending themselves to impressive claims, complete with pictorial statistics, they do little to improve the competitive position of the organizations.

8. A further reason for the lag in the readjustive services offered is the fact that they necessarily go hand in hand with an educational program. Few veterans are so naïve as not to know, however vaguely, that they are entitled to certain benefits; but the great majority, presumably, have little realization of what might be gained from a program

of readjustive service. It is scarcely surprising that organizations engaged in a competitive struggle do not vigorously launch a program which not only would contribute little to the immediate improvement of their relative positions, but which would also entail still further outlay for "selling" that program to their own members. We venture to assert, nevertheless, that insofar as the veterans organizations are interested in service to individuals, as well as in bolstering their political status, they will increasingly pay attention to the development of such a broadly readjustive program.

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Schools and Colleges Serve the Disabled

By FRANCIS J. BROWN

IT WAS only a few months after Pearl Harbor was attacked when the Committee on Education of the House of Representatives, under the chairmanship of Graham A. Barden, of North Carolina, began consideration of an amendment to the Vocational Rehabilitation Act of World War I. As originally contemplated, such an amendment was to extend the provisions for rehabilitation training to both veterans and injured war workers. Later, however, it appeared wise to treat each in separate legislation. The Committee on Education reported out its bill for vocational training for those injured "in war industry and otherwise" (Public Law 113, 78th Congress). Responsibility for drafting a bill to provide training for disabled war veterans was assumed by the Committee on World War Veterans' Legislation and it was later enacted by the 78th Congress as Public Law 16.

Veterans are not, however, excluded from accepting the provisions of Public Law 113. In fact, a number of World War II veterans are by choice receiving their training under Public Law 113. Others are for various reasons ineligible for benefits under either Public Law 16 or 346. It is impossible to give data on the exact number of veterans under Public Law 113, since the records do not differentiate between veterans of 1917-18 and those of this war.

The major difference between Public Laws 113 and 16 is in terms of the over-all administration of the programs. The former is under the jurisdiction of the Office of Vocational Rehabilitation and, on the state level, the state boards of vocational education. The latter is under the Veterans Administration, with contracts made directly with individual

institutions for the training and education of the veteran. There are differences, too, in the proportion of the total cost provided by the Federal Government, as pointed out in the separate articles, in this issue, by General Hines and Mr. Shortley.

The training received under the two bills is sufficiently similar to make it unnecessary, in describing the activities of schools and colleges, to differentiate between them. Under both, the program is limited to training which leads to employability, and such training is available only to those who have service-connected disability—military service exclusively for Public Law 16, injuries sustained in "war industry or otherwise" for Public Law 113.

RELATIVE INTEREST IN TWO PROVISIONS

There was an interesting difference between the concern of educators regarding the vocational rehabilitation bills (113 and 16) and that regarding the GI bill (Public Law 346) during the months, not contemporaneous, that they were under consideration by the Congress. Few persons, especially on the college level, gave serious consideration to the provisions of the rehabilitation bills. During the time in which the GI bill was being formulated, many educational organizations gave it extended consideration, and the American Council on Education called together the Committee of Twenty-One to study its provisions and make recommendations to the Congress. Under the able chairmanship of Cloyd H. Marvin, president of George Washington University, the committee made definite recommendations, many of which were written into the act.

Yet on December 31, 1944 there were 12,864 veterans in training and education under the GI bill, and 6,804 in vocational rehabilitation with 10,038 additional cases pending. Of the pending cases, 6,059 were in process of advisement and 2,906 were awaiting assignment to an educational institution. If to these numbers are added veterans in training under Public Law 113, it is probable that more veterans will soon be in training and education under the rehabilitation acts than under the GI bill!

If these total figures are broken down by levels of training and education, it is significant that the proportion in higher educational institutions is almost as great in the rehabilitation program as under the GI bill—approximately 70 per cent.

THE CHALLENGE TO EDUCATIONAL INSTITUTIONS

With every month that the war continues, the number of men eligible for education and training as a result of service-connected disability increases. One estimate has placed the total number of disabled veterans at 10 per cent of all in the armed forces.¹ This would mean 1,500,000 men and women—an estimate which may even be conservative, since the number is already approximately 750,000. Not all of these will desire or qualify for training, but it now seems evident that until several months after final victory, vocational rehabilitation of veterans will be a more serious responsibility of schools and colleges than providing education and training under the GI bill. If to the veteran are added those injured in war industry who qualify under Public Law 113, the challenge to American education at all levels is unprecedented!

¹I. C. E. Hollister, "Vocational Training and Placement of the Veteran," *Journal of the American Medical Association*, Vol. 125 (May 22, 1944), pp. 258-63.

In an effort to determine to what extent educational institutions have become aware of and are prepared to meet this challenge, the author wrote to the managers of selected regional offices of the Veterans Administration, to state directors of vocational rehabilitation, and to the chairmen of committees on veterans affairs in some of the colleges and universities. In each instance selection was on the basis of the number of disabled persons now being served.

Several general statements can be made from an analysis of the replies:

1. Schools and colleges are becoming increasingly aware of the problem, but in only a few cases are they as conscious of its full significance as are the administrative agents, both national and regional: the Veterans Administration and the Office of Vocational Rehabilitation.

2. There is little segregation of the disabled into separate schools, classes, or programs. Except in such cases as blindness, every effort is made to place those with physical disability in the same classes as those not disabled, in order to facilitate the adjustment of the disabled to normal associations.

3. Opportunities for training and education vary widely by communities and by states. Public Law 16 provides payment for the cost of transportation of the veteran to the school or college nearest his home which provides the desired training, but if the veteran wishes to go farther away he must pay the difference in transportation cost himself, and the majority prefer to stay within their own communities. With specific exceptions, opportunities for training and education are greater for those in metropolitan areas than for those in rural and semirural communities.

The more detailed analysis of the replies may be summarized under three headings: the need; opportunities avail-

able; and further developments which are desirable.

THE NEED

Although expressed in different ways, the two basic needs are for flexibility and co-operation. The first involves entrance requirements, accreditation of military experience, and course and curricular requirements. The second includes co-operation between educational institutions and the regional and national administrative agencies dealing with the disabled, and among educational institutions at all levels.

Never before have schools and colleges been faced with a student body so heterogeneous in age and experience. Every month of war increases the number of those whose normal educational progress has been interrupted by experience usually as foreign to youth as the adventures of Aladdin. And no two have had the same! Instead of the common background of the community and the school, they return from camps, posts, and stations throughout America and the world, with experiences more maturing than their equivalent in time.

For the disabled, even greater flexibility is necessary. The educational program must be specifically related to the type and nature of the individual's disability and his prospective employment. For some, this can be done through regular classes; for others, it means almost individual instruction.

Acceleration

Another type of flexibility is acceleration. This need was forcefully expressed by a manager of one of the regional offices of the Veterans Administration as follows:

We are asking our institutions to give consideration to the question of acceleration. We feel that a certain amount of ac-

celeration is implied with most of the programs of readjustment or rehabilitation. We should insist that the veteran should never be held back—he should be permitted to progress as rapidly as his capabilities will permit. Those who have been hindered in their progress in the service of their country should have every help in making up not only the achievement but the time which was lost. I believe we are all agreed that the man who is being rehabilitated or readjusted wants to return to the place he would have been had the war not intervened and do so as quickly as possible.

I believe that the first step in acceleration is adequate evaluation of growth and development due to experience and study in the armed service. This may be determined through modern testing devices—specifically for each subject or generally in terms of ability to understand and perform in the major fields of educational development. Furthermore I feel that the essential factor in acceleration is efficiency. Whatever methods are utilized to make it possible to acquire necessary knowledge in a short time and with less waste will constitute a real worth-while contribution to education in general and to veterans' education in particular.

We have found most of the institutions in this area to be most co-operative with the Veterans Administration in its desire to give adequate recognition to the needs of veterans.

Co-operation

It is apparent from the replies that there is a close working relationship between the regional offices for the administration of Public Laws 113 and 16. This is indicated in the following rather typical statement of the supervisor of a regional office of a state bureau of rehabilitation.

Approximately 90 per cent of the soldiers who have come to our office are eligible for service either under the GI Bill of Rights, or Public Law 16. Therefore, we have not served many of these men except by giving them counsel and advice

and making them acquainted with the facilities available. However, we have served a small number of these cases and will continue to give consideration to all of these boys, who make application.

There appears also to be fine co-operation between the government agencies and the educational institutions. While a few institutions operating for profit have sought to take advantage of the latitude provided in Public Law 16, the great majority are seeking to render maximum service at minimum costs. Testimony bears almost universal evidence of the eagerness of educational institutions to join hands with the government agencies and to exert every possible effort to meet the needs of those disabled in war and in war production.

The one area in which there is an expressed need for closer co-operation is among the educational institutions themselves. The flexibility in training programs referred to above does not mean that each institution should seek to provide "all things to all comers." It means, rather, that each agency for training and education should carefully appraise its own experience and facilities both physical and in personnel, determine those types of training which it can give effectively, and refer all who want other types of training to other institutions equipped to give such training. Scarcity of prospective students may tempt institutions, but even institutional interests will, in the long run, be best served by ever closer co-operation among schools and colleges at all levels.

COUNSELING PROCEDURE

The services which schools and colleges are rendering to the disabled include guidance and counseling on the one hand and training and education on the other.

General Hines, in another article in

this issue, has described the broad scope of guidance and counseling established by or through the Veterans Administration. In some areas such counseling is done directly by regional officers. In some sixty areas, guidance and counseling service is provided through guidance centers in selected colleges and universities. It is contemplated that such centers will be increased in number as needs develop.

At each such guidance center, the institutions provide: facilities for housing and messing the veteran for such time as is necessary; testing in terms of ability, aptitude, and interest; information on job opportunities for individuals with a particular disability; and personal interviews. All records, forms, medical reports, and summaries of the veteran's activities are assembled by the Veterans Administration and made available to the institutional staff responsible for counseling.

The Veterans Administration also maintains a small staff at the guidance center to handle all administrative details related to the veteran, to approve the job objective recommended by the university counselors, to select the institution or training agency for assignment of the veteran, to follow up the progress of the veteran while in training, and to assist in his placement when the training is completed.²

Co-operative program

The following description of the operation of the program of counseling illustrates the close co-operation developed in some areas between the regional offices of the Veterans Adminis-

² For a detailed account of procedures and tests given, see Daniel F. Brophy and Louis Long, "Veterans Administration Vocational Training Program: Processing Procedures Used by the College of the City of New York," *Psychological Bulletin*, Vol. 41, No. 10 (Dec. 1944), pp. 795-802.

tration and the university guidance center.

Immediately upon receipt of the application for Vocational Rehabilitation by the Veterans Administration, the veteran is notified.

The veteran's medical case record is reviewed by the medical consultant and the vocational adviser and any pertinent information which would be of value to the vocational adviser is summarized together with the recommendations made by the medical consultant. This information together with the transcript of credits and psychological data is forwarded to the Vocational Rehabilitation and Education Center. The vocational adviser at the Center arranges for an interview, and at his discretion refers the veteran to the university for counseling services which have been contracted by the Veterans Administration.

Trained and qualified vocational counselors who have had personnel experience in industry and a proper educational background have been engaged by the university. Thoroughness of the interview is assured through the use of a complete survey and advisement brief prepared by the Veterans Administration especially for this purpose.

Aptitude and achievement tests and the various standard aids to the interview such as interest and preference blanks and personality and adjustment inventories are regularly employed. The university's vocational counselor assigned to the particular case prescribes which test or guidance instruments are to be administered. The veteran is then placed in the hands of experienced psychometrists. The type of testing equipment provided is limited only to the standardized devices that have met professional acceptance because of a marked degree of reliability and validity.

After thorough study of the advisement data which the counselor evaluates in order to select a training or employment objective, the adviser makes use of up-to-date occupational information provided by the research division. He also makes use of the various Job Family Booklets, Physical Demands and Capacities Analysis, Job Descriptions, and the Occupational Dic-

tionary prepared by the Occupational Analysis Section of the War Manpower Commission, and any other aids of that kind including the special aids prepared by the Army and Navy in the Civil Service Commission. All occupations suited to the veteran's general qualifications are covered in the discussion with him so that he may select an occupation which is best suited to his interests, aptitudes, and abilities.

After approval of the final objective, the case is referred back to the Veterans Administration Center's Training Division, and the veteran may be inducted into training according to procedure. Final authority rests, however, with the Veterans Administration.

Veterans Administration counseling

In many of the areas in which the regional office of the Veterans Administration is carrying forward its own program of counseling, services comparable to those at the university guidance centers are available. The following excerpt is illustrative:

The vocational guidance and advisement procedure includes the administration of a complete battery of psychological tests. In this facility we are employing two different batteries of tests. For those veterans who possess the qualifications and are interested in college education we administer a battery of psychological tests which are concerned with academic aptitude and achievement. Included in this battery of tests are the American Council on Education Psychological Examination and a number of the Achievement Tests of the Cooperative Series. Also included are interest inventories and certain types of aptitude tests, such as the Bennett Mechanical Comprehension and the Minnesota Paper Form Board. The battery of tests administered to veterans who do not possess qualifications for college training or whose interests indicate terminal training of technical, clerical, or sales nature, includes interest inventories and aptitude tests such as, Purdue Pegboard, Purdue Industrial Classification, Minnesota Clerical,

Bennett Mechanical Comprehension, Minnesota Paper Form Board, and O'Connor Finger and Tweezer Dexterity. The tests which are listed are merely examples of what we are using and do not constitute our entire battery.

In addition to psychological testing, our advisement and guidance procedure includes a complete history, analysis and evaluation of each claimant. This evaluation pertains to the claimant's educational, vocational, occupational backgrounds and considerable counseling pertaining to his physical condition and disability.

Use of other agencies

The tendency to shift this responsibility in some areas to university centers is indicated by the following reply from a regional manager:

We are using in this region a wide variety of training facilities, including universities and colleges, commercial colleges, trade schools, and business and industrial establishments. The nature of the objective largely determines whether institutional or on-the-job training will be provided, although other factors may determine the action in individual cases. The objective and personal factors will also determine the particular institution where training will be given.

Thus far in our program here, there has not been set up any advisement unit separate from the staff of the regional office. However, an advisement center, affiliated with an outside educational organization which will do advisement is in process of development. Other such centers will be created as rapidly as need arises, contractual arrangements can be completed, and personnel secured and/or trained.

At present, all advisement of veterans eligible for vocational rehabilitation under Public Law 16 is done by the Regional Office Advisement Subdivision at Waco. Only rarely does any training facility participate in this process otherwise than that the facts involved in the particular case are submitted, including previous scholastic records, test results, and so forth, in our request for acceptance or contract. The

location of dispersed advisement centers will, in the future, alter this procedure and bring the guidance and testing agencies of colleges and universities into full participation and co-ordination with the work of our program under Public 16.

OPPORTUNITIES AVAILABLE

It is impossible to give an inclusive description of the training and educational opportunities provided by schools and colleges.

In terms of the flexibility referred to above, and frequently referred to in the replies as a prime necessity in veterans' education, definite progress has been made both on a national scale and by individual institutions. More than two years ago the American Council on Education called together representatives of the armed forces and of the regional accrediting associations. Definite recommendations regarding procedures for accrediting military experience were formulated and widely distributed among secondary schools and colleges.³ Colleges and universities have approved these procedures and are putting them into practice. It is disturbing to note the number of individuals replying to the letter of inquiry

³ *Sound Educational Credit for Military Experience*, American Council on Education, Feb. 1943, out of print; *School and College Credit for Military Experience: Answers to Questions*, American Council on Education and National Association of Secondary-School Principals, Oct. 1943; *Secondary-School Credit for Educational Experience in Military Service*, National Association of Secondary-School Principals, Oct. 1943; *Earning Secondary-School Credit in the Armed Forces*, National Association of Secondary-School Principals, March 1944; *Higher Education and National Defense*, Bull. No. 69, American Council on Education, July 1944; *A Guide to the Evaluation of Educational Experiences in the Armed Forces*, American Council on Education, 1944. The Guide is a loose-leaf publication of over 500 pages describing specific Army and Navy training courses and making specific recommendations for each regarding high school and college credit.

who cite instances, especially of secondary schools, which are not willing to accept equivalents for the easy addition of Carnegie units required for graduation.

The close correlation of counseling, education, and placement maintained in many educational institutions is illustrated by the following excerpt of a letter from the dean of an institution in which a considerable number of veterans are enrolled.

Upon enrollment of a veteran, we give general psychological, mathematical, reading and English tests. If the student has not completed high school, we give him the Armed Forces Institute Tests of General Educational Development—High School Level. As soon as these scores are tabulated, a transcript of the student's record with the personal information available is sent to a member of the faculty in whose field the student expects to major. This faculty member serves as the counselor and adviser of the student. At frequent intervals thereafter, the adviser calls the student in for conferences and advises him. The dean of the college makes frequent checks on the student's academic work and reports the results of his findings to the regional office of the Veterans Administration. When the student has completed his course, a central employment agency, as well as the student's major professor, attempts to find employment for him.

Courses offered

Descriptions of courses and services received from schools and colleges in which disabled veterans are enrolled indicate a wide variety of educational opportunity. All the courses offered to regular students are available also to veterans under Public Laws 16 and 113, within the limits of their physical ability. On the subcollegiate level are such courses as machine drafting, office practice, office machines, bookkeeping, watch and clock repair, boatbuilding,

arc welding, radio service, landscaping, and many more.

The careful planning that has gone into most training programs is illustrated by the program in "Institutional Farm Training" developed on a state basis and offered in certain approved secondary schools. The training is open only to veterans who own, rent, or live on a farm, in order that the farm may be an individual "teaching laboratory." Job instruction is determined from an actual survey made by the teacher on the respective farm of each trainee. Job skills are taught on the basis of the needs of the individual and the particular type of farming in which he has engaged or can engage. Five half-days each week are spent in class instruction and in the farm machine shop or food processing plant which the school makes available to each student. The teacher is also required to make frequent visits to the farm of each of the students in order that instruction may be adapted to individual needs. The maximum student load of each teacher is twenty. The course is twelve months in length and, upon its satisfactory completion, the veteran is awarded a "certificate of proficiency."

Although, as indicated, most of the institutions providing training and education do not segregate the disabled, there are a number of schools, chiefly vocational, that have been developed to serve disabled veterans. Several of such schools are located in areas which provide opportunity, also, for boating and other physical activities.

Only one other program can be included in this brief summary—the Training Course for National Service Officers of Veterans Organizations. The course is given by the American University in Washington, D. C. Each course is twenty weeks in length, the first beginning in October 1944. New groups will start every ten weeks as long as

there is a demand for the course. Although the program was initiated by the Disabled War Veterans organization and at present is primarily to train disabled veterans in the techniques of counseling and rehabilitation, it is anticipated that, as more service personnel are discharged, other veteran organizations will send men to take the training course.

The curriculum consists of six intensive courses plus a co-ordinating seminar during each ten-week term. The veterans take courses in counseling techniques, written and spoken English, the principles of government with special emphasis on the legislative process and the organization of the Veterans Administration, group leadership and discussion, and a basic course in physiology. The co-ordinating seminars meet once a week, at which time various problems of interest to disabled veterans are discussed. From time to time there are special lectures on some of the psychiatric problems involved in veterans counseling. Field trips are made to hospitals and rehabilitation centers.

CASE HISTORIES

Several selected case histories indicate something of the wide variety of services available to disabled veterans. The first three are of veterans receiving their training under Public Law 113—the first two because they had not yet been discharged, the third because he was ineligible for the benefits of either Public Law 16 or 346. The other two cases are receiving their education under Public Law 16.

Mr. K. is 24 years old, a Navy flier, who suffered the amputation of his left hand and the disablement of his left ankle as a result of a plane crash. He is hospitalized at a Naval facility but could not be served by the Veterans Administration until discharged. In the meantime, he wanted to get started on a college program and the

Bureau of Rehabilitation initiated his education. He had had two years at a mid-Western university and by counseling and guidance, a program in Chemical Engineering has been established for him in one of our local colleges. He is getting along satisfactorily and is also on his way to rehabilitation.

Mr. D. was 30 years old and suffered the amputation of his left hand in the service. He is a high school graduate and could not return to his old employment. He expressed interest in accounting and bookkeeping. He was counseled and guided into a program along these lines in one of the local business colleges and is now getting along very satisfactorily. This individual will be on his way to rehabilitation when he is discharged.

Mr. A. was discharged less than ninety days after his induction because of a foot injury sustained prior to his entry into military service. He desired to become a public school teacher and is now enrolled in a state teachers college under the jurisdiction of the regional office of vocational rehabilitation.

Mr. L. had been a waist gunner on a Flying Fortress. He had been struck by a cannon ball fired from a German fighter plane and did not regain consciousness until after his Flying Fortress had been landed in England and he had been rushed to a base hospital. The cannon ball was removed from his arm and the member itself healed up almost completely. However, his motor co-ordination was very seriously impaired with the result that he trembled almost continuously. Following his hospitalization, and, after a period of counsel and advisement, arrangements were made to have the young man enter in training at the Technical Institute, where a special course was arranged for him. He is receiving instruction in both drafting and toolmaking with the idea that, having secured basic knowledge in both these fields, he will be able to qualify as an estimator. Although the training program has not yet been completed, there are defi-

nite employment prospects in view for him. Furthermore, his physical condition has improved considerably, the training having proved good therapy.

Mr. W. was so seriously injured in combat that it was necessary to amputate both legs about an inch above the knee. He was fitted with artificial legs and became able to walk but with the help of crutches since he had no knee joints to assist him. During the period of his hospitalization he learned of the educational benefits to which he was entitled under Public Law 16. Always interested in radio repair, he was sent, after counseling, to a technical school for training in this field. He preferred to take an intensive course and after some twenty weeks of training returned home and opened a radio repair shop. Since then he has been exceedingly busy at his work and is earning a good living for himself and his family.

Other cases could be cited of men trained in industrial establishments, in trade schools, and in colleges and universities. As a grateful nation has sought to express some small measure of its appreciation of the sacrifice of those in military service and in war industry who have given much, so schools and colleges have sought to translate legislation into effective programs of training and education.

FURTHER DEVELOPMENTS

Although much progress has been made in providing education for disabled veterans, much needs yet to be done.

In order that training and education programs may be adapted to the experience, ability, and interest of the veteran, even greater flexibility is necessary in the educational requirements for admission, assignment, and completion of training. This does not mean a lowering of standards; it means, rather, utilization of other means than course units completed to measure educational

achievement, and provision of as great a degree of individual instruction as is desirable to challenge the ability of the veteran and to assure his success while in training.

A second development which must be carried further is closer co-operation among the educational institutions themselves at all levels. One of the most serious criticisms which can be made of American education today is its lack of organization on a state basis. While each level of education is organized more or less effectively within the state, there are not more than a half-dozen out of all the states that have a board or any other agency broadly representative of all levels and types of education within the state. The veteran does not easily fit into the traditional pattern of elementary, secondary, or higher education. He may be one of the 32 per cent of the enlisted men in the Army who have had an eighth-grade education or less, yet because of experiences while in service may want and will succeed in a type of technical education usually considered as of the "higher education level." Multiply this one by the million or more who will return to school or college who are too mature for the typical high school and yet lack basic subjects assumed essential for work in college, and the necessity for definite state organization and co-operative planning of education at all levels becomes the prime need in education.

Co-operation among educational institutions implies more than organization, more than planning. It must entail also the subjection of the vested interests of the institution to the greatest good of the veteran. As indicated earlier in this article, each institution should admit veterans only in such fields and in such numbers as it is adequately equipped to serve. A plan of referral to other institutions should be an in-

tegral part of the counseling service of all schools and colleges.

Educational institutions should also move still further in relating their programs to the total economic and social life of the community, the Nation, and the world. Information should be kept readily available to veterans regarding employment opportunities in specific fields and for those with the specific disability of the individual veteran. Training should be related to work experience. These are the first steps, but the individual should also know and understand basic economic forces, national and international. He must learn to live among people and appreciate the

complex social forces operating within the community and the Nation.

To provide this kind of education, yet to keep it ever related to the individual, is a stupendous challenge. Through legislative acts the Congress and the people have expressed their confidence and faith in education. They have provided for all veterans and for all disabled in war industry the where-withal for education. The responsibility to furnish the type and quality of education to meet their needs rests upon every school and college in America. To provide less than the best for each is to break faith with the veteran and with the American people:

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Occupational Rehabilitation Counseling

By EDMUND G. WILLIAMSON and EDWARD S. BORDIN

WHAT is called vocational guidance is now an established program of assistance to young persons as they reach the age at which they must begin specialized vocational or professional training. Such persons must first understand and emotionally accept their own capabilities and disabilities; then they select a goal, and finally they begin a period of vocational training prerequisite to the achievement of the selected goal.

All, or nearly all, physically healthy young persons need the assistance of vocational counselors. But young men and women with physical disabilities—such as cardiac weakness, tuberculosis, or structural defects produced by poliomyelitis—are in greater need of counseling because of the greatly restricted range of careers open to them. If every such person knew all about the special demands of every occupation, then he would need only to understand himself before selecting the most appropriate outlet for his talents. But this process of choosing a career calls for such extensive knowledge about jobs on the one hand and human aptitudes on the other hand, that, for example, the young "polio" case needs specialized counseling.

DISTINCTIVE SERVICES RENDERED

This service is provided by the occupational rehabilitation counselor. He is a specialized type of vocational counselor who provides five principal types of services following medical restoration of physical functions: (1) diagnosis of vocational and educational aptitudes and interests by means of psychological tests and other devices; (2) personal assistance and information necessary to the choice of occupational and educa-

tional goals and the making of plans for training; (3) if necessary, help in securing financial assistance for training or retraining; (4) continued counseling and assistance while the training is being secured; and (5) special assistance in finding a job which utilizes the training secured and in which physical disabilities are minimized with respect to requirements for the job and for the individual's success and satisfaction.

The above description is made in terms of the young person who is just beginning his specialized training. But the same procedures are necessary for older persons who, having once been trained and employed, find it necessary to seek counseling again because disease or accidents have disqualified them for their former type of employment. The disabled soldiers and sailors will face such a situation. Counselors trained to deal with special problems of the disabled individual must be employed in schools and community agencies if such veterans are to become adequately retrained for employment.

Rehabilitation counseling differs from ordinary counseling in degree of special application of general counseling information and skills. In a real sense, all clients handled by counselors are handicapped in one way or another. Some have inadequate personalities for social adjustment in school or on the job. Others are deficient in terms of the type or amount of aptitude they possess as contrasted with the demands of the training they seek to achieve. Still others qualify with respect to personality and aptitude but possess physical disabilities which prevent adequate adjustment of the type desired. In other cases physical disabilities present obstacles which can be overcome under spe-

cial conditions. In this sense all counselors should be well informed about the nature of disabilities and should be trained at least in the rudiments of diagnosing aptitudes and advising those who have such handicaps.

As is true with many phases of the adjustment of human beings to the demands of an environment, occupational rehabilitation counselors need to be prepared to handle a large number of individuals occupationally disabled or handicapped as a result of biological inheritance, disease, and industrial and other accidents. Rehabilitation counselors are trained to diagnose and to understand the effects and implications of physical and personality deviations upon training, morale, and successful job placement. These counselors work with individuals who often do not possess the minimum physical "hiring" standards acceptable to employers. In such cases counselors seek to find the special types of training, or retraining, and job placements in which the individual's disabilities will not prove a serious handicap. In other cases the counselor must first help the client to secure special medical care and physio- and psychotherapy, as well as training in the use of prosthetic devices, to restore economic, educational, and personal efficiency.

COUNSELING AGENCIES FOR THE HANDICAPPED

A number of Federal and local agencies function as specialized departments for the training, placement, and care of handicapped individuals. The United States Veterans Administration, through its regional offices and hospital facilities, provides needed medical care, physiotherapy, and psychotherapy for discharged veterans of all wars. Through the co-operation of the many branch offices of the United States Employment Service, specially trained coun-

sels place handicapped clients in jobs in which their handicaps will prove less serious. Many local welfare societies, agencies, and departments of public relief employ individuals trained to understand and work with those who have physical disabilities. The Federal Security Agency has an Office of Vocational Rehabilitation, formerly under the United States Office of Education, which, through its state organizations, provides counseling, training, and placement facilities and services for individuals who are handicapped to the extent that special training or retraining is required for satisfactory job placement. All branches of the military service also provide medical, re-education, and counseling services for disabled soldiers during the period of hospitalization.

PROFESSIONAL TRAINING OF COUNSELORS

Because of the indefinite nature of course titles, this analysis of the background deemed necessary for occupational rehabilitation counselors will be presented in terms of the topics which the training program should encompass, with only secondary reference to the course titles under which these topics, either wholly or in part, are commonly considered. Further, the discussion will be pointed toward the minimum training required to meet a professional standard, rather than the full training desirable if considerations of urgency were not paramount.

For purposes of analysis, the topics will be grouped into three sections: those related to fundamental background, those related to selection for employment and training, and those related to personal adjustment to physical handicaps.

Introductory background

Like others in the counseling fields,

the occupational counselor should be introduced to the basic concepts of psychology such as are usually encompassed in a general psychology course, and to an extended consideration of the concepts and principles of learning as these are usually treated in educational psychology courses. The nature and types of physical disabilities form one topic, not usually given much attention in the background of counselors, which should be given special attention. The regular courses offered in either physiology or medicine will be too comprehensive to serve the purpose. The main concern should be an orientation of the prospective counselor to the usual effects of various types and degrees of disabilities in restricting the functioning of the individual, and the degree to which these functional restrictions may be modified by time and treatment. This topic should be treated so that no more background than a college course in introductory human physiology will be necessary.

Selection and training background

Knowledge of tests and their interpretation will be one of the most important topics in this area. This should include the development of understanding of the principles of measurement, the allied statistical concepts, and experience with a wide variety of tests from the standpoint of examinee as well as examiner. The objective is to prepare the counselor for the interpretation of test data in terms of making predictions about the individual's future performance. The training program should result in an awareness of the limitations in information provided by tests to balance the appreciation of the usefulness of the measurement approach. This type of training is usually offered under the title of Tests and Measurements or Individual and Group Testing.

A common problem in this type of training is the degree to which statistical methods should be emphasized. Understanding the limitations on the interpretations of test scores will involve an understanding of advanced statistical concepts. At the same time, only an appreciation of these concepts is needed, rather than the degree of competence necessary to the actual application of the technique in a research situation.

An effective method for developing this appreciation of statistical concepts, and one which is doubly useful in acquainting the prospective counselor with the permissible interpretations of tests, is the critical review of the statistical studies of the most commonly used and accepted tests. *This involves far more than the mere reading of test manuals.* The special problems faced by the occupational rehabilitation counselor must be considered in these courses by giving emphasis to tests or interpretations of tests which will make possible an estimate for the disabled of the degree of their handicap in training and jobs, and the aspects of their aptitudes which will be unhampered by their disabilities.

The topic of occupational information needs to be treated in close integration with the teaching of tests and measurements. The prospective counselor must be prepared to develop a wide knowledge of occupations, the qualifications demanded for them, and other pertinent data. He must become familiar with the United States Employment Service Dictionary of Occupational Titles¹ and its use. Of equal importance will be a knowledge of the curricula in various training institutions which prepare for jobs, and the requirements of these curricula.

Of special importance for this work

¹ U. S. Employment Service, *Dictionary of Occupational Titles*, Parts I, II, and IV, Washington: Government Printing Office, 1939-44.

will be knowledge of the physical demands of various jobs. It will be very important that the counselor be given an understanding of the principles of job analysis, since in the course of becoming familiar with the occupational resources of the region in which he is working, it will be necessary to visit training centers and industrial and business establishments.

In reviewing available publications describing occupations, special attention will have to be given to the fact that the group being counseled will be very heterogeneous with respect to their reading skills. The counselor will have to be cognizant of the need and have available resources to provide individuals with occupational expositions appropriate to their level of reading skill. Parenthetically, the fear should be expressed that there are insufficient occupational materials available which would be appropriate reading matter for a large proportion of the individuals in the lower levels of reading skill. It can be anticipated that in the very near future there will be discovered a pressing need for publications prepared with an emphasis on illustrated presentation of the facts about occupations.

The counselor will need to be acquainted not only with the available occupations of his area, but also with the training facilities for the handicapped. A large proportion of the men being interviewed will be forced to consider some occupation other than the one for which they were trained prior to the war, and therefore will be in need of training. Some of them may need training in the use of artificial limbs, in reading Braille, or in other adjustments to physical disabilities before they are ready to undertake vocational training. The counselor will need to know the resources for such preparation and be familiar with the procedures and problems involved.

Background for understanding personal adjustment

With the pressure to process large numbers of men which can be expected during the peak of the human reconversion period, there will be great danger that the psychotherapeutic aspects of the rehabilitation task will be neglected. Therefore it is necessary that the training program for occupational rehabilitation counselors be designed to make them sensitive and, to some degree, competent to deal with the emotional and attitudinal aspects of the rehabilitation problem. A considerable emphasis on building up an understanding of the motivational and emotional reactions to physical handicaps will be necessary. It would appear that this understanding must be based on the consideration of the general concepts in emotion and personality with references to both the abnormal and the normal. Emphasis should be placed on the adjustive mechanisms in the normal and the abnormal personality.

The goal of the development of understanding should be the preparation of the counselor to take into account the feelings and aspirations of the individual in his analysis and procedures and to diagnose and identify abnormal emotional states. The practical necessities of the situation may make it difficult for the counselor to function in a thorough psychotherapeutic capacity, but it will probably be possible to make a contribution to this process. In order to be able to refer the individual to other specialized workers in the community who might be able to carry on any necessary extended psychotherapy, it will be necessary for the counselor to understand and distinguish the functions of psychiatrists, occupational therapists, and psychiatric social workers.

Another topic that may well be in-

cluded in the program of background courses is the special placement procedures necessary in the rehabilitation of the physically handicapped. Although in most cases the placement will be separated from the counseling function and will be performed by an individual specially trained for it, there may be many situations where the counselor himself will be forced to carry out this function. Therefore, the prospective counselor should be acquainted with the principles of effective placement procedures. He should be familiar with the methods of using community resources to build up placement opportunities; the kinds of arrangements that are needed for effective induction of the individual into the job situation, and methods of follow-up.

THE ROLE OF CO-OPERATING SPECIALISTS

The occupational rehabilitation counselor will be one of many specialists who by their concerted efforts can maximize the educative and adjustive results of the rehabilitation program. Physiotherapists, physicians, nurses, surgeons, and allied workers will have important roles to play in making certain that physical disabilities are minimum handicaps to behavior. Speech pathologists, psychiatrists, and social case workers will pool their efforts with the occupational counselor to help handicapped individuals to develop the attitudes and feelings that will make possible maximum use of their skills and aptitudes in suitable occupations. The training program for occupational rehabilitation counselors must be planned in recognition of the fact of this interrelation with other specialists. Representatives of the various specialties should co-operate in the training program by giving lectures and participating in supervised practice. Through these experiences and through appropri-

ate readings, the counselor will become oriented to the work of other specialists.

One of the most important partnerships for the occupational counselor will be with the training counselor. As has been indicated in the discussion of the functions of the occupational counselor, he will be concerned primarily with the individual in the process of setting up life plans. The understanding and professional knowledge which the occupational counselor has contributed to this planning process must to some degree be projected into the training situation, the domain of the training counselor. This means that the ultimate success of the efforts of the counselor will in good measure depend upon the degree to which training counselors in high schools, trade schools, colleges, and universities are educated to understand and carry on in support of the work already done.

The crucial point in the psychological rehabilitation of the handicapped will often occur during the training process. The neuropsychiatric casualties, the maimed, or the blind cannot be brought to complete equilibrium at the point of planning of future action. During the training process itself they will need opportunities for review of their objectives and the attitudes and feelings involved. The training counselors, in the strategic position to provide these opportunities, will be called on and should be prepared to fulfill this function.

Integration with the work of other specialists seems important enough to warrant a course or courses of training and discussion to prepare occupational rehabilitation counselors for this aspect of their job.

This preparation should consider the role of each specialist in the rehabilitation process, giving attention to the areas of overlap among the various spe-

cialties. A particularly important point for discussion and exposition is the relation of each of the other specialists to occupational rehabilitation counseling. For each type of specialty there will be certain relations to be emphasized. For example, the counselor must have some understanding of the kinds of cases that can be helped by the occupational therapist and the kind of counseling which will facilitate the work of the occupational therapist. Similarly, the counselor should be able to distinguish between those types of emotional problems that he can cope with and those that he would best refer to a psychiatrist for extended treatment. The social case worker must be considered in connection with many of the problems arising from community or home conditions. On the physical side, the contributions of the medical men to the prediction of the individual's adjustment to the physical demands of various jobs will have to be utilized to their fullest.

This co-operation among specialists underlines the need for another emphasis in the preparation of counselors. They must be acquainted with the administrative and quasi-organizational mechanisms by which co-ordination may be achieved. This will involve discussions of the existing community mechanisms that may be utilized for bringing the specialists into closer contact and the consideration of the ways of setting up community councils and information centers.

SUPERVISED PRACTICE IN COUNSELING

Background courses in social sciences, physiological sciences, psychology, and related disciplines provide the foundation of the professional training of counselors. *But more than knowledge is required.* In counseling, the social and interpersonal relationship situations demand a high level of skill in applying

knowledge to a particular case. Such skill is not learned solely by listening to lectures or by reading books. *Counseling is learned by recognizing textbook knowledge as it manifests itself in living clients in the counseling situation.* But the amateur cannot learn without supervision by a sophisticated professional counselor. Such an important phase in the training of counselors is in effect a type of internship in the clinic situation.

Many intermediate steps should take place in the transfer of the counselor-in-training from lecture halls to clinics. These steps may be stated briefly as follows: (1) systematic reading, analysis, and criticisms (written and oral) of "closed" case histories; (2) collection and interpretation of case data, including family background, education of client, aptitudes, interests, and other relevant facts; (3) participation in case clinics or case conferences of other counselors' cases; (4) observation of trained counselors; and (5) an extended and intensive period of counseling under supervision and in an agency dealing with individual cases.

Such training in the practice of counseling should take place in an actual and real counseling program, and not in the artificial situation in which the trainee persuades an obliging fellow student to become a "case" for purposes of a required report. The counselor-trainee should receive extensive training in handling clients without physical disabilities as well as those with such special conditions. The supervised counseling of clients, step (5) above, should be in a regularly established agency, governmental or community, dealing with individual disability cases.

REQUIREMENTS FOR PROFESSIONAL TRAINING

This paper is not an appropriate place to discuss specific universities of-

fering acceptable professional training courses for occupational rehabilitation counselors, but certain features of such training may be suggested as criteria to be applied to available curricula. Because of the amount and nature of the general and professional background required, specialized training should be offered only in the graduate school. Counseling courses should require extensive undergraduate and graduate courses in psychology, education, testing, statistics, abnormal psychology, psychiatry, sociology and social work, and related subjects. Courses in which a person without such background can become "trained" by enrolling in one or two elementary and general courses in "guidance" are but the merest beginning in the professional training of competent counselors of the type discussed in this paper. Essentially, counseling is a specialty in the general field of human adjustments; therefore counselors must have a profound understanding of the mechanisms of behavior and an equally extensive knowledge of the community and occupational work in which the disabled client will find a satisfactory and satisfying adjustment.

Finally, adequate formal training for counseling requires far more time than that devoted during summer months to the training of high school counselors

through one or two courses. A *minimum* of one year in graduate work in addition to background courses and followed by at least six months of internship would seem to be desirable in normal times. But these are not normal times, and the demand for rehabilitation, and other, counselors probably will be so great that untrained and partially trained individuals will need to be used for disabled cases. The results will, in many cases, be deplorable, but perhaps unavoidable since adequately trained counselors are not available in sufficient numbers. Conditions will, of course, be improved when the military forces are able to release the thousands of individuals, many well trained and experienced, who have functioned so well within the services. If, in the meantime, communities must use less than fully trained counselors, then at least a professionally trained supervisor should be employed to improve services through continuous in-service training and through delimiting the task of the untrained counselor. The occupational and personal adjustment of veterans is so important from every point of view that each agency, at all governmental levels, should employ the best-trained counselors. Such has been the recent trend in agencies dealing with disabled individuals.

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Edward S. Bordin, Ph.D., is counselor and assistant professor of psychology at the University of Minnesota, Minneapolis. He has been associated with Dean Williamson in the University's student personnel program since 1939.

Book Department

WELLES, SUMNER. *The Time for Decision*. Pp. vii, 431. New York: Harper & Bros., 1944. \$3.00.

The former Under Secretary of State has in a forthright and brilliantly written volume set forth his views on the present international chaos. The first part of the volume concerns the events leading up to the declaration of war, and since Mr. Welles was in close touch with many phases of the prewar diplomacy a large portion is autobiographical. It is needless to recall his participation in many noteworthy conferences in Latin America and elsewhere, his mission to various European foreign offices, and his official conversations in Washington.

It is to the second and third portions that many will wish to return long after the book has ceased to be a best seller. Here one finds a discussion of the principal problems that must be faced in various areas if nations are ever to live at peace with one another. Mr. Welles, at the close, presents in detail a plan of world organization. It is logical in the sense that it does anticipate the very problems that are apt to ensnarl us in the years that lie ahead, and although his plan would seem to countenance a multiplicity of spheres and functions one must keep in mind that the reordering of the world is a complex task. Needless to say, it will require a coalition of high-minded statesmen of rare intelligence and determination to get the machinery working and keep it working. The alternative is power politics—a shabby second.

One cannot read the author's account of the good-neighbor policy without realizing that, despite the shifting sands in Argentina, our relations with Latin America have vastly improved during the last decade. Mr. Welles is hopeful that similar machinery may make possible a fruitful type of regional organization in other parts of the world within the framework, of course, of a world organization. There are possibilities of a regional type of organization in both the Balkans and the Near East. In Asia he is hopeful that the great masses

in China and India will emerge as great peace-loving states and that, with the wholehearted co-operation of Russia, the Japanese threat may be held in check. In the Pacific responsible trusteeships will be frequent at first, but in time these islanders will advance from step to step until they obtain the status of independence as in the Philippines, or that of partnership with dominion status in a British, Dutch, or perhaps French empire.

The great might of Russia must be turned to constructive purposes. Her influence will be paramount in the Balkans and along her long Asiatic borders. If the United States and Russia can work together in a common purpose the good that can be achieved is incalculable. Drastic measures must be taken in dealing with the postwar Germany. Mr. Welles would partition Germany in order to destroy the General Staff, which has been the root of evil and a menace to the world for eighty long years. The case for the emergence of a democratic Reich is all but hopeless when one considers the environment that has nurtured the present generation of Germans.

JOHN E. POMFRET

College of William and Mary

WARBURG, JAMES P. *Foreign Policy Begins at Home*. Pp. xii, 308. New York: Harcourt Brace & Co., 1944. \$2.50.

Reading this comparatively small book will repay any reader who is in earnest about really winning this war. More than any other book, it describes the two wars we fight, for survival and against fascism. It is this latter war which has become all too blurred lately, with Mr. Churchill's active help. Warburg makes its urgency stand out sharply and clearly. He explains what fascism is and what it thrives on in unforgettable terms, and, more important still, he explains the strong predilection of powerful interests in this country for a fascist solution of their fears. He portrays the "runaway capitalism," insecurity, and "economic cannibalism" which brought us to the brink of disaster at the

end of the roaring twenties and warns against a recurrence of the same conditions.

The central part of the book is a rapid, lucid review of the do-nothing decades of ease and appeasement which ended in the current catastrophe. This narrative covers both the United States and Europe. It is characterized by keen thinking and fearless comment. The later chapters bring the story of the war down to date and delineate the fascist or near-fascist character of most of the exile governments of Europe.

The book is a human document, written in a spirit of fairness to all peoples, including the Germans. Warburg denies that the German problem is the problem of the United Nations, for "the task of the United Nations is to organize the world for peace by setting up a political and economic order so permeated with justice that neither nations nor people within nations will be moved to violence. The problem of fitting the former aggressor nations into such an order is primarily the problem of the people of those nations."

This is statesmanship, and there is more of it in the book, especially toward the close.

There are two excellent chronologies, covering events since 1936, and an Index which is too brief to be of much use.

D. F. FLEMING

Vanderbilt University

CORWIN, EDWARD S. *The Constitution and World Organization*. Pp. xiii, 64. Princeton: Princeton University Press, 1944. \$1.00.

In this brief volume, Professor Corwin argues persuasively that there are no barriers of constitutional law or theory to prevent American entrance into an international organization for the maintenance of peace. He disposes first of the idea that the concept of national sovereignty bars such action. This contention is unsound because it implies "that a sovereign state is incapable, just because of its sovereignty, of entering into *legally binding* engagements." He concludes that "where Total War is the price of Total Sovereignty, the price is too high." Nor does the Constitution itself, or any legal doctrine validly derived from it, prevent the proposed in-

ternational agreement. Professor Corwin here examines the doctrine of "dual federalism," the separation of powers, the constitutional limitations on behalf of private rights, and the nature of the power of this Government to assume an international obligation. His conclusion is that the question "whether the United States should enter an international organization . . . is one which the appropriate agencies of the National Government are free to decide on grounds of national interest, substantially unfettered by constitutional limitations of any kind."

The last chapter, entitled "The Senate and Treaties," will annoy the isolationists. Starting from the assumption that we cannot permit our participation in world affairs to be blocked by the two-thirds majority requirement for the Senate's ratification of treaties, Professor Corwin argues that practically anything which can be done by treaty can also be done either by Executive agreement or by joint resolution of the two houses of Congress. He cites numerous precedents from which he infers that we have actually brought about by practice and usage a constitutional change which makes available methods for by-passing the two-thirds rule. "The devices provide the United States an alternative route into an international organization for the maintenance of peace, one which from the point of view of the requirements both of democracy and sound government is the preferable route."

The book displays the accurate scholarship, the keen analysis, and the lucid style which characterize all of the author's work. It is an important contribution to an important problem.

ROBERT E. CUSHMAN

Cornell University

ZIFF, WILLIAM B. *The Gentlemen Talk of Peace*. Pp. xii, 530. New York: The Macmillan Co., 1944. \$3.00.

The author, who completed this volume in the early summer of 1944, then wrote: "Our European enemies are on the verge of collapse. The end of the war in Asia cannot be far off." In consequence he felt the urgency of analyzing the conditions of a

sound peace, particularly in view of (to him) the blatant failure of diplomats and of the many preliminary conferences being held by the United Nations, all of which "possess the fatal flaw of ignoring certain basic facts."

Of these basic facts the most important is the revolution created by science. Technology has shrunk the world, making existing political frontiers "fossilized" and "uneconomic" and rendering the little nations "anachronisms"; indeed, "national independence no longer makes sense." He describes the nature of global war, and the terrible national psychoses which have overtaken some of the nations, and correctly emphasizes that technology has scarcely begun, and that no nation can expect to enjoy any permanency of economic and military power. Moreover, because of the need of harnessing the masses in order to develop the world to fight, the psychological factors of warfare will be increased. Unfortunately, few people realize the political implications of these things. Nor do the Western powers apparently see the immense potentialities of the Orient, especially of China and India with their rapid growth of population, their industrialism, and their self-consciousness stirred to a peculiar sensitivity owing to the tragic and perhaps fatal race prejudice of the West. On all these points Mr. Ziff writes with eloquence and with a healthy imagination, for he is able to project his reader into a generation ahead when conditions will have substantially changed the nature of international politics.

The author turns a critical gaze upon existing methods which are being tried in the search for peace. He blasts the Atlantic Charter, the plebiscite system, the Moscow Conference of 1943 ("the mountain labored and brought forth a mouse"), treaties and pacts ("no treaty is worth anything if it conflicts with vital interests"), the League of Nations (fundamentally defective and based upon "the most astonishing belief in the restraining power of legal abstractions"), and the plans leading to Bretton Woods (they would give economic power of life and death over the smaller nations). In addition, Mr. Ziff is highly critical of such world schemes as those

propounded by Clarence Streit and Ely Culbertson, dubbing them "fantasies."

In an attempt to find a way between the outmoded sovereign state and the paper and utopian plans drawn up by well-meaning people, the author in the last three chapters proposes the establishment of five self-contained and completely federated Power Aggregates, "each capable of sustaining itself through its own markets and resources." These five Power Aggregates are to be: (1) the U.S.S.R., which is to include certain areas in Europe and Asia; (2) a union of the Old World reaching to the Sahara Desert (and, indeed, beyond, since apparently central Africa will be included), Asia Minor, and Arabia; (3) a New Asia Aggregate to include China, a mandated Japan, India, Ceylon, and southeastern Asia; (4) the African Aggregate, which is to be strengthened by the settlement of fifty million East Indians and also fifty million Chinese and Japanese, of whom the author confidently writes, "All these elements should easily be able to merge with each other"; (5) the Union of the West, which is to include North and South America, the British Isles, Iceland, Greenland, Australia, New Zealand, and a certain part of southeastern Asia, this area (apparently) to enjoy one citizenship and to suffer from no international tariffs.

This fivefold division, in the opinion of the author, will guarantee peace because each area will have all that it needs for a balanced life; the balance between the units will be so effective as to make war difficult and costly, and hence will be a guarantee of peace. In addition there will be a loose agency with, however, little or no power to bring these groups together.

The author does not indicate how the bewilderingly complex problems involved in such a scheme can be solved. There is no discussion of machinery, which he regards as a relatively simple matter. He ignores the great psychological difficulties (some of which are referred to in his volume, such as the Falangists in the Americas) which are as obstinate as any involved in attempting to set up a wider United Nations. And although these areas are to be self-sufficient, the United States is initially to spend a great deal in setting

up the economic structures of the various parts after the present war!

I suppose that nobody can prove such a scheme impossible if one looks through a sufficiently powerful telescope of time, but the difficulty which the present reviewer has with the book lies in the fact that the author in some chapters turns a microscopic examination upon certain plans and then entirely changes the focus in dealing with the principles and plans which he has in mind. This procedure is not necessarily fatal, but it gives an air of unreality to the analysis. For example, to dismiss what has come to be the Bretton Woods plan (with an approximate twenty-billion-dollar outlay and certain proposals for regulating currency levels and capital investment) on the ground that it would snuff out the smaller states, and then to propose the shifting of one hundred million Orientals to Africa on the belief expressed in one sentence that these elements should easily be able to merge with each other, indicates the seven-league boots worn by the author. Moreover, to trust to any "balance" of areas in a world so rapidly being united seems a curious solution in the light of the earlier chapters.

Mr. Ziff writes with an easy pen. Perhaps his words come a little too easily, and in many cases he has possibly forgotten the wise rule that the adjective may be the enemy of the noun; for such phrases as "screaming armies," "smashing innovations," "pure, naked, merciless, killing power," and "utterly invincible," which run through the volume, tend not to strengthen but rather to weaken the effectiveness of a very readable prose.

LINDEN A. MANDER

University of Washington

FEIS, HERBERT. *The Sinews of Peace*. Pp. xi, 271. New York: Harper and Bros., 1944. \$2.50.

To the author of *Europe, The World's Banker: 1870-1914*, the sinews of peace, like the sinews of war, are mostly financial. Some attention is given to "Trade Between Nations" and "Foodstuffs and Raw Materials," but there is a heavy interlarding of the financial in the discussion of the colonial and the access-to-sources-of-supply

problems. The interesting "buffer stock plan" of the Hot Springs conference is considered and rejected "as a general means of correcting price movements of internationally traded commodities."

The author was optimistic when, in 1930, he wrote that "international political machinery will adjust the difficulties that are incident to its [capital's] ventures." He is optimistic still. "This nation and the others will confront the task with awakened understanding" (p. 257). Perhaps so, but perhaps, too, John Dos Passos' *State of the Nation* should be read along with this volume.

The seven short chapters dealing with the Bretton Woods plan should be studied by the Congressmen who are to vote upon our adherence to that set of proposals. A few risks will have to be and should be taken for the sake of the principle of mutual assistance in recovery and rehabilitation, knowing, as we surely should by this time, that the lack of mutual aid devices creates a void that only hunger and anarchy will fill. We were overcautious last time and see where that trait has led us. If the state is the servant of men, sovereignty must also be servant. Some of us may think that we had better instruments last time, but we had best forget all that and support that which is "possible and desirable," even though we do not have the faith we might have were our instruments brighter and less scarred. The author thinks that they are only surface scars.

This book is for the general reader. It is to be hoped that it will have a wide reading. There is no Index, but that is not a noticeable omission, as the chapters are short and well titled and there is a somewhat surprising lack of textual references to persons, places, and events; surprising, that is, until the footnotes are inspected. They are quite to the point.

ROBERT ROCKAFELLOW

Rhode Island State College

STEIN, EMANUEL, and JULES BACKMAN (Eds.). *War Economics*. Pp. x, 501. New York: Farrar and Rinehart, 1942. \$3.00.

This book consists of seventeen essays

with the ball carried by the several members of its seven-man team, but the stalwart backs, Stein and Backman, are directly involved in a majority of the plays. The topics, frequently treated in what now seems an ancient milieu—that of transition from peace to war—include increasing production; labor and wages; finance, price, fiscal, and rationing problems; and special topics: railroads, electricity, housing, and agriculture. There is a final chapter on what is now very modern—the subject of industrial demobilization. Selected legal materials in the Appendix section, nineteen in number, are useful.

To the reviewer, time has deservedly dealt kindly with the ideas in this book. This, he believes, has been because emphasis was placed on principles and theory with figures, cases, events, and so forth, subordinated to illustrate the principles. The fact that the book contains principles—not at all hard to understand—seems evidence that a *great deal was* learned out of the relatively small amount of economic experience of World War I. It appears too that economists' expression of surprise and satisfaction at the moderate degree of price inflation experienced in light of a large amount of monetary expansion, and other favorable economic experience so far during the war, can be tempered with the knowledge that education has played its part, and especially with the fact that such education has been eagerly sought by an alert public which has fairly well developed that keen cutting tool of modern democracy, a sound and informed public opinion.

It is to this process that this review wishes to pay tribute. May it continue. In such a democratic process books such as this on *War Economics* have played an important part.

ARTHUR R. UPGREN

Minneapolis, Minn.

PARKER, FLORENCE E., and HELEN I. COWAN. *Cooperative Associations in Europe and Their Possibilities for Post-War Reconstruction*. Pp. vii, 280. Washington, D. C.: Government Printing Office, 1944. 35 cents.

This book describes a definite method of reconstruction. Among the multitude of

volumes dealing with this subject a vast amount of information makes clear the predicament into which the world has fallen, but little help is offered as to what practically is to be done. Most authors who mention a remedy turn to the expansion of government functions to solve the problems. This is easy to say, but none of the advocates of the socialist remedy seem to have a glimmering of an idea of the complications offered by the expanded state.

Here is a book which accepts without discussion the facts of world disorganization, and proceeds at once to describe a method of reconstruction and to call it by name. It is refreshing to know that such a thing is possible. Information is given about the co-operatives of all countries involved in the present war, and also the co-operatives in other countries that can give them assistance. It is encouraging to learn that before the war there were 800,000 co-operative associations with 145,000,000 members in 56 countries. In Europe there were 574,000 co-operatives with over 111,500,000 members. These organizations constitute the largest business institutions in many countries. Most of them are federated nationally and internationally in a world structure, and stand ready to give assistance to one another.

A description is given of the co-operatives, and some indication of their place in the economic life of the people just before the rise of National Socialism. The chronicle of subsequent events is presented through 1942 and thereafter for each country as far toward the present as available reports permit.

The authors describe a system of worldwide economic organization, based on democracy, not as an ideal but as an essential working principle without which the business fails. If democracy is really to be taken seriously, this co-operative way of reconstruction is to be taken seriously. This is the conclusion that emanates from the facts presented by this book.

JAMES PETER WARBASSE

Woods Hole, Mass.

HOWENSTINE, E. JAY, JR. *The Economics of Demobilization*. Pp. 336. Washing-

ton, D. C.: American Council of Public Affairs, 1944. Cloth ed. \$3.75, paper ed. \$3.25.

The principal contribution of the book consists of a detailed and well-documented survey of the economic demobilization problems faced and policies pursued by the United States Government after the conclusion of the First World War. Through twenty-two chapters—each dealing with one particular phase of the story—Dr. Howenstine leads the reader through the maze of debates and decisions, organizations and reorganizations, successes and failures which marked the painful process of returning to the short-lived normalcy of the twenties.

In his running comments the author does not leave any doubt as to what was wrong with the policies and on whose doorsteps in his opinion the blame must be laid: "The primary responsibility for the depression of 1919-1920 must rest squarely on the shoulders of the Congress and the President because during the war they did not formulate sound demobilization policies . . ." (p. 229). "The government had failed to achieve any adequate mediation of warning interests in our society" (p. 152).

In small issues as in great, Dr. Howenstine does not hesitate to distribute, in forceful language, praise as well as blame. Since he fails, however, to present an integrated and systematic picture of the economic developments of the period under discussion, one is inclined to interpret his critical remarks and general observations as expressions of deep-seated convictions rather than as results of factual analysis. Although many figures are scattered through the pages of the book, it does not contain a single systematically organized table or graph.

The first five chapters deal in a somewhat summary fashion with the problems of the coming demobilization period. In the short space of some sixty pages the author contrasts the years 1918 and 1944, discusses the transition, the question of boom or collapse, and even gives a thumbnail sketch of the "three schools of [economic] thought which developed and flourished in the last decade."

Conclusions are presented in the last three chapters. The author declares himself in favor of full employment, free enterprise, and social welfare. He believes, however, that "there is little hope of reaching full employment so long as monopolistic practices continue," remarking at the same time that "there is a strong probability that monopolistic restriction of production and control of prices will be greater after than before the war . . ." (p. 320).

WASSILY LEONTIEF

Harvard University

FINE, SHERWOOD M. *Public Spending and Postwar Economic Policy*. Pp. viii, 177. New York: Columbia University Press, 1944. \$2.50.

This is primarily an inquiry into the validity of the Hansen-Keynesian theories of compensatory public spending, secular stagnation, and possibilities for a continuous expansion of the public debt. These theories are examined in terms of their underlying logic as well as practical application during the long depression of 1933-40. The examination is directed to the discovery of the proper scope and place of fiscal policy in the postwar economy.

The compensatory spending programs of the 1930's are criticized for their preoccupation with the size of the aggregate income flow rather than with the corrections of existing institutional maladjustments. These maladjustments, affecting the relationships of prices to costs and other factors to each other, are deemed to have been primarily responsible for the business depression. The belief, inherent in the spending programs, that all such maladjustments could be automatically rectified, and business recovery brought about by the mere infusion into the income stream of a substantial amount of additional purchasing power, is deemed to be erroneous. The tendency of the programs to detract public attention from the necessity for detailed investigation into these maladjustments is deprecated.

Another fault of the compensatory spending programs pointed out is that they represent a purely domestic type of recovery program and tend to detract the

attention of the Government from the need for the correction of certain dislocations in the international economic relations. These dislocations may be fully as responsible for the occurrence and persistence of a business depression as the domestic maladjustments. The abandonment by President Roosevelt of the London Economic Conference in 1933, and the subsequent failure of the United States to assume leadership in the reconstruction of international trade and foreign economic relations, generally are cited as illustrations of such an exaggerated preoccupation with domestic problems to the detriment of international ones, under the influence of the compensatory spending doctrine. The author is scarcely correct, however, in thus charging the spending programs of the 1930's with a large share of responsibility for the then prevalent neglect of these international economic dislocations. There was a much deeper reason for this neglect, rooted in the isolationist sentiments then reigning in this country. The very emphasis on a purely domestic solution of the recovery program underlying these spending programs was the result of the existence of this sentiment. Most of the other programs, including those that sought to achieve economy through the curtailment of government spending and balancing the budget, similarly dealt with purely domestic problems, being equally affected by this isolationist spirit.

In the treatment of the compensatory spending policy, the author unfortunately is concerned only with its more extreme expressions furnished by Hansen. He fails to note the existence of more qualified formulations of the same doctrine by Gerhard Colm, Beardsley Ruml, and others. Hence, some of his conclusions with respect thereto are much too broad.

The Hansen theory of secular stagnation is rejected by the author on the ground that it overstresses the influence of the factors of population growth and development of new territories on economic expansion, while understating the influence of other pertinent factors thereon, such as those of the ever growing demands of consumers for higher standards of living and the resourcefulness and inventiveness of

American producers in catering to these demands.

The Hansen theory that there exists no fixed limit to the size of the public debt is found to contain some valid elements but to lack realism. It is criticized particularly for its disregard of the threat which a substantial expansion of public enterprise with the aid of extensive public borrowing might present to the growth of private enterprise. The theory is also criticized for its understatement of the inflationary effects of continuous extensive borrowing. No mention is made, however, of the temptation which such financing by borrowing would offer to the government to engage in wasteful expenditures. Nor is reference made to the serious political and fiscal repercussions which would be created by the necessity to meet a heavy annual debt charge. The author's treatment of the entire subject of debt limits is somewhat sketchy and inconclusive, and is not on a par with the high quality of the rest of his discussion.

The author foresees in the postwar period the development of technological innovations and new products on a scale never seen before. A great expansion of civilian production and the achievement of high levels of employment are believed by him to be possible, but by no means well assured. The attainment of these goals is deemed to require a concerted attack upon (1) restrictive domestic market policies, (2) specific industrial problems confronting the construction, railroad, bituminous coal, and certain other industries, and (3) reconstruction of international trade and economic relations. Domestic compensatory spending programs should play only a residual role in any comprehensive program for postwar prosperity.

The author has written a very useful and stimulating book. It is a timely contribution to the discussion of an exceedingly important subject.

PAUL STUDENSKI

New York University

MEYER, AGNES E. *Journey Through Chaos*. Pp. xvii, 388. New York: Harcourt, Brace & Co., 1944. \$3.00.

After reading Mrs. Meyer's book you

must agree with her when she states: "At present we are socially as unprepared for peace as we were for war" (p. xi). It is not a pretty picture that is presented of the various war centers, in this concise and well-written little volume. America as a democracy, suddenly finding herself at war, was expected to have problems. The extent of these problems after three years of war is frightening.

Mrs. Meyer, through 1943-44, visited twenty-six war centers and made a complete report on the physical and moral life of the home population. The various areas visited are a good cross section of America at war. The stories, especially those dealing with the South, make it appear that our trouble will come only when peace is declared. The authoress has been most critical of both local and Federal agencies, especially in those areas where control has been left to the mob.

The chapter dealing with the union problem of the Brewster Corporation of Long Island City, New York, is one of the clearest explanations of the difficulties of war production ever read by this reviewer. It places an entirely different view of the Navy's reason for canceling contracts with this corporation from those expressed by the union and the local press.

The chapters on the colored problem leave much to be desired. The fact that Mrs. Meyer recognizes that a problem does exist, and likewise believes that trouble will follow, is not enough. In Europe the Negro has gained, to his way of thinking, a rung on the social ladder. The average Negro soldier or sailor can meet with the English or French girl on terms of equality. The majority of these boys are not intellectually prepared for the social about-face that must be met when they return home. From this condition alone trouble will ensue.

This volume covers a problem that is filled with dynamite. It behooves both professor and statesman to heed the warnings of Mrs. Meyer, if the world for which we are fighting is ever to become a reality.

JAMES J. FLYNN, CBM

Somewhere in France

Formerly of Fordham University

JORDAN, MAX. *Beyond All Fronts*. Pp. xiv, 386. Milwaukee: Bruce Publishing Co., 1944. \$3.00.

This book has a threefold purpose. As a personal narrative, it informs us of the political experiences of the author, who is the former European representative of the NBC. The second and major concern is the interpretation of political history since the end of the last war, in particular in Germany. Thirdly, the author deals with the ethical and psychological basis of the peace to come. In the hands of a writer of less skill than Jordan, the combination of the three tasks would have proved too ambitious an undertaking. In his case, the handicap turns into an asset. Political history becomes human when related to personal experiences, and the discussion of the peace only projects into the future the trends which emerge from his account of past events.

One of the most interesting parts of the book revolves around Jordan's relations with Gördeler, the leader of the ill-fated attempt of July 20 to eliminate Hitler and the Nazi regime. Gördeler was of the opinion that simple decency was to be the basis for an understanding between a de-Nazified Germany and the Western world. He was aware of the obstacles, in particular those created by the mental picture of Germany which had established itself so firmly in the western countries—one of the chief reasons why, on his pilgrimages to the capitals of the leading democracies, Gördeler had met with so little response. He complained to Jordan of "outsiders judging Germany with a Nazi perspective, as it were. Because Göbbels said all Germans stood behind Hitler, world opinion seemed satisfied that he was telling the truth" (p. 265). He also made some remarks on Germany's "national character," which should prove of interest to writers dealing with that subject. Commenting on the Nazi claim that the Germans are a "Herrenvolk," Gördeler said: "Crackpots! . . . The 'Herren,' the overlords, are there all right, the [Nazi] party bosses pushing everybody around. The 'Volk,' the people, certainly want none of them and their nonsense" (p. 265).

The wealth of incidents reported in the

book, dealing with Austria, Czechoslovakia, Russia, and the United States, as well as Germany, defies any attempt at summarization. The incidents are selected to show the reaction of different types of people to Europe's impending disaster. Let it be added that this use of types—which, of course, are indispensable tools of sociological analysis—never leads to stereotypes, against which, in fact, the author leads a vigorous war throughout the book. (See his remarks on "Prussians and Germans," for instance, pp. 371–72.) No social scientist could have done better in this regard. On the other hand, the economist would have emphasized the restrictions on the liberty of action placed upon the statesmen of democratic France and Germany by the "deflation" of the 1930's, and the political scientist might have referred to the similar effects produced in both countries (as, in a different way, in the United States) by constitutional deficiencies. What Gördeler called "the solidarity of the decent people" which was to extend "beyond all fronts" had for these reasons little chance to express itself in political action.

Jordan's book, deliberately discursive but always interesting, is as full of lessons as Shirer's *Berlin Diary*, and deserves as wide a circulation.

FERDINAND A. HERMENS

University of Notre Dame

HERSHBERGER, GUY FRANKLIN. *War, Peace, and Nonresistance*. Pp. xv, 415. Scottsdale, Pa.: The Herald Press, 1944. \$2.50.

This book, which purports to be "a comprehensive and authoritative work on nonresistance in Christian faith and history," is both something less and something more. It by no means gives a complete account of the history of Christian pacifism, being largely restricted to consideration of the Mennonites. The purely historical sections comprise less than one-third, the remainder being devoted to a discussion of the Biblical sources of nonresistance and to a presentation of the case of the pacifist in modern society.

Little that is new is to be found in the chapters dealing with the Biblical testi-

mony and the history of pacifism, although the retelling of this story is inspiring, whether one shares the views on nonresistance or not. One must hesitate occasionally at such doubtful statements as that the American Indians were peaceful until the coming of the white man (no footnote to Rousseau) and that the Exodus account (23: 20–33) of the plan for Israel's entry into the land of Canaan looks like "peaceful penetration." In dealing with the early church the author is mainly dependent on Cadoux and Heering. Although the chapter on the Mennonites in Europe is slight, that following on those in America is substantial and well documented. The Mennonites in the two World Wars are treated fully, but the vast residue of Christian testimony, both political and pacifist, is neglected. One is surprised to find so little material on the Quakers. One of the most fascinating aspects of the narrative is that dealing with the migrations subsequent to the First World War.

As the author approaches the contemporary scene, his efforts are more fruitful. In spite of much repetition the condition of conscientious objectors is well described, and many cogent criticisms of the Government's policy are made. It is to be noted, however, that in general the Mennonites have fitted into the scheme of civilian public service camps more easily than some of the other pacifist groups. In another chapter the author attempts to define and describe various types of pacifism, nonviolent resistance, and Biblical nonresistance, applying the latter term specifically to the outlook of the Mennonites. He discovers that the followers of Menno Simons and of Reinhold Niebuhr are at one in their rejection of nonviolent resistance (Gandhi) as Biblical.

As history, the book is disappointing. As apologetic for Biblical nonresistance, and as a presentation of one of the chief religious and moral problems of our day, it is excellent.

FREDERICK A. NORWOOD

Akron, Ohio

LEMKIN, RAPHAEL. *Axis Rule in Occupied Europe*. Pp. xxxviii, 674. New

York: Columbia University Press, 1944.
\$7.50.

Mr. Lemkin's voluminous book is a tremendous act of accusation against Germany as a political and military power governing for several years the European countries. It shows the brutal realization of Hitler's *Mein Kampf*, as applied, under the cover of legal measures and thorough techniques of occupation, to millions of European people by the ruthless "master race" for its exclusive benefit. As presented by the author, who is a lawyer, the accusation is irrefutable for three reasons: it is of a documentary character, it includes every phase of life of nations, and it affects almost the whole of non-German Europe. Also, the consequence of the accusation is solidly established, i.e., the responsibility of the German people treated as an entirety. "All important classes and groups of the population," Mr. Lemkin states, "have voluntarily assisted Hitler in the scheme of world domination: the military, by training the reserves and working out plans of conquest; the business men, by penetrating and disrupting foreign economies through cartels, patent devices, and clearing agreements; the propagandists, by organizing Germans abroad and preparing fifth columns in countries to be occupied; the scientists, by elaborating doctrines for German hegemony; the educators, by arming spiritually the German youth."

The volume by itself confirms the author's conclusive statement: more than 350 pages of the book contain Nazi laws passed in occupied countries published during two or three years only; they are apparently a stupendous evidence of the juridical skill of a host of German legislators and their devotion to the Nazi cause. How many thousands more of German civil and military servants elaborated and operated the complex governmental machinery through which millions of Germans, abroad and at home, exploited the subjugated nations!

Not only is Mr. Lemkin's basic idea a correct one, but also the plan of his volume is well drawn up. In the first part, a synthetic survey of the principal techniques of occupation is given; in the second part, the author analyzes the regime

of each occupied country; and in the third, he has compiled the laws corresponding to each country. There are seventeen countries and territories which are studied as objects of the German occupation from various aspects as public administration, judiciary, economic, and social and cultural life. Since all of the problems involved are considered mainly from a juridical point of view, the illegal excesses of the occupation become evident and the German crimes against law and morality are proved beyond discussion.

Although the legal framework of the Nazi rule is well presented by the author, some reservations to this publication can be made from a technical point of view. The reviewer has particularly checked the material collected and analyzed by Mr. Lemkin regarding Czechoslovakia, since he is thoroughly familiar with the history of occupation of that country. The documentary basis and the analysis were found to be exceedingly narrow, since only nine decrees regarding the Protectorate of Bohemia-Moravia have been presented, all but one of them being from 1939. Apparently the author is not familiar with the special compilation, by Czech jurists in London, of the analysis of laws published in the Protectorate and Slovakia during the occupation (*Právní předpisy vydané v Protektorátě Čechy a Morava a ve Slovenském státu v době okupace*, Vol. I, 1944). Therefore his brief comments on the public administration and economic conditions are also incomplete. The same was found to be true regarding the reference books and periodical material. A comparison of Mr. Lemkin's explanation and documentation of the Czechoslovak case with the recent excellent book of Mr. Gerhard Jacoby, *Racial State*, shows the fragmentary nature of Mr. Lemkin's work.

In general, the legal documents published in Part III cover only the first period of the Axis rule in Europe (until 1941 and occasionally until 1942). It is the opinion of the reviewer that the period covered should appear on the title page of the book. In addition, a somewhat unequal treatment was found to be given to the various subjugated nations. Both of these deficiencies are due to the enormous

difficulties encountered in obtaining necessary documents from occupied Europe during the war, and to the fact that the heavy task of collecting and elaborating the material has been accomplished by a single author who began the preparation of his work as late as 1940, and finished it in 1943. Under such circumstances Mr. Lemkin's volume can be considered as a preparatory work for a series of volumes dedicated to the different European nations under Nazi and Fascist rule.

Notwithstanding these observations, the author should be given high credit for the brilliant, synthetical approach to the problem, and also for the substantial, although incomplete, collection of authentic documents of the German barbarian world policy and misrule.

VLASTIMIL KYBAL

Yale University

KARIG, WALTER, and WELBOURN KELLEY (Prepared by). *Battle Report: Pearl Harbor to Coral Sea*. Pp. vii, 499. New York: Farrar & Rinehart, Inc., 1944. \$3.50.

Until such time as Commander Samuel E. Morison—competent scholar and the Navy's official historian—and his staff of experts produce the Navy's complete history of its part in World War II, this volume will probably constitute our most authentic record of the first six months of the Pacific conflict. It is an excellent story, a heart-warming account of those dark days when America might have lost the war. It is the story of Pearl Harbor (readers looking for revelations or for added information on the reasons for our failure will be disappointed) and the battles of the Java Sea and Macassar Strait, of the "Houston" and the "Marblehead," of the "Ford" and the "Drayton," of the "Langley" and the "Old Lady" (the sub-tender "Canopus"). The reader should remember, however, that this is more a narrative than a history.

The authors, professional writers who are now in the Public Relations Department of the Navy, were assigned this task by Secretary Knox a few months before his death. "Tell the story of the Navy's part in this war," the Secretary instructed

them, "particularly those early days, when the Japs were having things their own way, and when we had to examine every scrap of information with a microscope for fear it would be helpful to the enemy." The authors decided to eschew any discussion of tactics or strategy, armament or international policy, and to tell "what happened to the Navy's men and ships and planes and bases." Within the limits which they set for themselves, as well as the limits of national security and the limits which their commissions, in time of war, may have influenced, the authors have written a splendid book. Its illustrations are grand, and they are intelligently captioned and grouped. The last one hundred and sixty pages contain the list of all citations and awards, and of over 12,000 casualties which the Navy suffered during the first six months of the war.

There are weaknesses. There is a too-ready acceptance of official decisions, particularly those of the first two months, some of which will undoubtedly be severely criticized by future historians and strategists. There are omissions—such as the failure to describe adequately the work of the PT-boats or the valiant courage of the Fourth Marines on Bataan. Some of the battle diagrams are hard to follow. There is no mention whatsoever of the inefficiency of the prewar Bureau of Ordnance. Sailors will laugh at the reference to a rate of "B M 3/c" (p. 327).

Yet this book deserves to be praised for its strong points rather than condemned for its weaknesses. It is a valuable record, based on many interviews and free access (something no previous writer of these events has had) to the thousands of eyewitness reports which officers and men have made after every event of these drama-packed months. The definitive history must wait upon the pen of Dr. Morison. Meanwhile, Americans may well read and enjoy this contemporary narrative.

RALPH ADAMS BROWN

Groton, Connecticut

FRAENKEL, ERNEST. *Military Occupation and the Rule of Law*. Pp. xi, 267. New York: Oxford University Press, 1944. \$3.50.

The occupational government in the Rhineland, which extended from 1918 to 1923, represented, as this scholarly treatise well puts it, a regime that was a symbolic mixture of "realism" and "idealism." Here were four nations—the United States, Britain, France, and Belgium—engaged in a joint enterprise but actuated by widely contrasted motives. At one extreme was a France, disillusioned, resentful of what she regarded as a breach of promise on the part of the English-speaking powers to guarantee her security, and intent on accomplishing the desired result by setting up a French-sponsored Rhenish republic; at the other extreme, an oversea republic, resolved to have no part in revolutionary movements and only anxious to withdraw its troops from the occupied area at the earliest possible moment; between them, a Britain whose attitude was much that of the United States, and a Belgium which could almost always be found at the side of France.

An army of occupation, consisting, strictly speaking, of four armies of occupation, was holding territory "in the throes of revolution, faced with highly complicated political, technical and legal problems."

In Dr. Fraenkel's study we have not only as philosophic and penetrating an analysis of the aspirations, plans, and failures of the occupying powers as has yet come to this reviewer's notice, but a source and reference book which will be invaluable for the problems that lie ahead of us. The book is divided into two parts: the first covers the armistice period, November 11, 1918 to January 10, 1920; the second is devoted to the peace period, 1920–23.

Tracing, in each of these periods, the treatment by the Allies of economic and social questions, of questions of labor, public utilities, and the administration of justice, the author points out, with clarity and precision, the futility of attempting to apply a democratic process to German domestic problems when the concept of the rule of law which is basic in American political philosophy is alien to German ideals and traditions. Further, the rule of law in a democratic state is based on the consent of the citizens. In an occupied territory

the government is based on military force. The author feels that the failure to recognize this distinction was "the greatest weakness of the Rhineland Agreement."

Laissez faire in dealing with a strong centralized bureaucracy, such as Germany, simply meant that the Rhineland Agreement, which was premised on that doctrine, had to be buttressed by the exercise of powers by the High Commission not within the framework of the Agreement—a fact quickly seized on by German propagandists as proof of deception practiced on them by the Allies. Their propaganda, as the author points out, "represents a rehearsal of their attacks against the validity of the Versailles treaty and the binding force of the disarmament program."

The military occupation did not and could not eliminate the existing administrative agencies and courts of the Rhineland. There was after World War I still a bureaucracy fully integrated and operating. But a future occupation of Germany will present the stupendous task of dealing with a country that has been living under a rule without law. The elimination of Nazi institutions depending on German martial law (which has continuously existed since 1933) will give opportunity for the renewal of what the author calls the "normative" state (as contrasted with the "prerogative" or Nazi state). The reconstruction of autonomous groups inside Germany will, he believes, be the means of filling the vacuum caused by the destruction of Nazism and of bringing about a democratic regime. Thus can the rule of law ultimately replace the new state of siege which must at first be imposed on Germany until these democratic groups can take root.

F. GRANVILLE MUNSON

Colonel, General Staff Corps
Washington, D. C.

DEWEERD, MAJOR H. A. *Great Soldiers of World War II*. Pp. 316. New York: W. W. Norton & Co., 1944. \$3.75.

Major DeWeerd, associate editor of *The Infantry Journal*, has undertaken the difficult task of evaluating his contemporaries. However, this is by no means a hopeless or a useless task. Major DeWeerd points

out that Professor Robert M. Johnston's *First Reflections on the Campaign of 1918*, published prior to 1920, "is as penetrating an account of the last phase of the war as can be found anywhere." He also reminds us of the old adage: "Truths can be seen wandering about the battlefield naked on the night after an encounter but by the next morning they are all in uniform."

Some of the first reviews of this book criticized the author for the selection of "great soldiers" which he has here made. Such criticisms are in no way justified. In his Foreword Major DeWeerd explains the basis of his selection. Some generals—such as Tito, Arnold, Harris, Tedder, and Marshall—had not completed their work, or even a major part of it, when this was written; their evaluations must wait. Other soldiers—many of the younger Russian generals among them—are still so little known that their backgrounds as well as their philosophies are shrouded in mystery. One military critic has objected to the inclusion of Hitler, Churchill, and Chiang Kai-shek. To make such an objection is to ignore the new concepts of total war. This book contains sketches of eleven men: tacticians, strategists, and the three civilian grand-strategists. It is an excellent selection, the best that could be made at the present time.

The first chapter is on Gamelin, the pathetic French general who only six years ago was considered the "finest professional soldier in the world," and whose career may "well mark the end of one military epoch and the beginning of another." Gamelin bore some resemblance to our Civil War General Hooker, and reminds one of Marshall De Saxe's famous observation: "I have seen very good colonels become very bad generals."

The chapter on Chiang seems rather barren. The chapters on Hitler and Churchill, on the other hand, are excellent. Both men are treated with admirable objectivity and understanding, and readers will immeasurably increase their understanding of the present world revolution. Three eminent strategists—De Gaulle, Wavell, and MacArthur—receive intelligent observation and evaluation. Tacticians Rommell and Montgomery are discussed in two of the

more fascinating chapters. Eisenhower has already "shown himself to be a military coordinator and administrator unequalled in modern times." Russia's Timoshenko is an interesting figure, with similarities to our own General Forrest. At twenty an uneducated farm laborer, before he was twenty-three Timoshenko led a cavalry division, and at thirty he was a corps commander.

Major DeWeerd has enhanced an already admirable reputation with this well-written, objective analysis. Many readers will await, with interest, his promised expansion and revision of these "interim sketches."

RALPH ADAMS BROWN

Groton, Conn.

ANDERSON, PAUL B. *People, Church and State in Modern Russia*. Pp. vii, 240. New York: The Macmillan Co., 1944. \$2.50.

This volume is dedicated to an increased understanding of our Russian ally by one who speaks as a friend of Russia but a greater friend of world unity. Admittedly, one of the massive impediments to the development of a positive attitude toward Russia is the wide misconception regarding the Soviet treatment of religion, and more specifically the failure to recognize the significant changes that have taken place in government-church relations since the early period of the Revolution. Even before that event there was a dearth of information about the situation of religion in Russia; the fury of counterrevolutionary passion has only served to increase the obfuscation.

Though obviously not a Communist, Anderson has adopted the dialectic approach in analyzing the course of Russian religion under the impact of the profound transformations since the Communist upsurge. After a brief glance at the traditional background of the Russian Orthodox Church, "the peculiar expression of religion among the Russian people, ethnologically speaking," Anderson surveys the significant interrelationships among people, church, and state since 1917. He analyzes the legal position of religion, the evidences

of the oppression and restriction of religion, the transformations in the church in the process of accommodating to Soviet conditions and socialist construction, and the most recent changes, especially since the outbreak of World War II.

The strongly antichurch attitude of the Soviet Government began to change considerably before the Nazi attack. In 1927 the Metropolitan Sergius was recognized as the head of the great body of Orthodox Christians. Increasingly the Government manifested an awareness of the importance of preserving works of ecclesiastical art and culture. One expression of the changed official attitude toward religion has been the public eulogy of the saints Alexander Nevsky and Dimitry Donskoy (after whom a tank column has been named) for their contributions to the aggrandizement of Mother Russia. Since the war the Russian Orthodox Church has become a factor of growing importance in the life of the country. In a world-wide broadcast on June 22, 1941, the Metropolitan Sergius called upon the faithful to spring to the assistance of the endangered motherland. The church staunchly supports the Red Army and its commander in chief, churchmen serve in the army, and priests have won distinction for gallantry.

Anderson's concern is to answer the cynicism of those who regard all these shifts as opportunistic accommodations to the exigencies of the war. He recognizes clearly the differences between the basic postulates of Marxism and religion, but he sees a broad zone of agreement; for certain elements provided for in the Soviet constitution—work, leisure, education; race equality—are often considered by Christians to be elements of a Christian social order.

This earnest little book culminates in the presentation of a "Christian basis for co-operation with Russia." The core of the author's truly irenic argument here is that the future has to be created by men of diverse faiths and creeds. Christians, Marxists, and other types of believers have a common ground on which to work. They must perforce learn to work together for a common future, even though Marxists may attribute its realization "to the inner

dialectic of the historic processes, and Christians to the creative hand of God."

EPHRAIM FISCHOFF

Hunter College

POWER, THOMAS F., JR. *Jules Ferry and the Renaissance of French Imperialism*. Pp. x, 222. New York: King's Crown Press, 1944. \$2.75.

This study of Jules Ferry's contribution to the revival of French imperialism during the early years of the Third Republic evaluates the diplomacy underlying the colonial enterprises of this French statesman who, during his two premierships (September 1880 to November 1881; February 1883 to March 1885), added Tunisia, Indo-China, Madagascar, and large sections of West and Equatorial Africa to France's already far-flung empire. In correlating Ferry's European policy with his colonial endeavors, the author places the colonial success of Ferry in its proper perspective, and in that regard his analysis is an important contribution to colonial diplomacy of the 1880's. He shows that Ferry was an imperialist by accident only, that "he was seldom the initiator" and that "he never had any long-range plan, but he moved opportunistically whenever a chance presented itself" (p. 195). And, contrary to general opinion, the author establishes rather convincingly that the French Parliament was not anticolonial or antiexpansionistic, but opposed Ferry's colonial venture only when it had cause to oppose him for other, primarily domestic, reasons. The Appendix offering a tabulation of the votes on colonial as well as domestic questions in the Chamber of Deputies is very instructive in that respect.

The carefully balanced appraisal of Ferry's relation to Bismarck, who supported Ferry's colonial program, and of the French premier's role at the Berlin Conference deserves special attention.

It is probably unavoidable that studies which investigate the contributions of one person and which restrict themselves to narrow time limits frequently lack the broad framework necessary for a comprehensive evaluation of the problems. Thus, it appears to the reviewer that Ferry's colonial policy is only one segment of the

general struggle for colonial regions in which most European powers were engaged during the last decades of the nineteenth century and that, on the other hand, the French statesman is given more than his deserved share of credit. It is an exaggeration to claim that French Equatorial Africa "was entirely his creation" (pp. 114, 195), when one realizes that more than two decades of military and diplomatic activities were required before this territory was finally consolidated.

It is equally difficult to subscribe fully to the author's thesis that economic considerations played a relatively small role in French colonization. While it is true that Ferry's government was often moved by other considerations (as, for instance, in Tunisia, where questions of strategy and of national prestige were pressing), there were nevertheless interest groups which, for economic reasons, were backing the government policy. Any evaluation of this period of colonial expansion which restricts itself largely to official diplomacy and ignores the many nonofficial political considerations is likely to miss an important aspect of imperialistic policy.

These few critical observations cannot detract from the scholarly character of the work which, as the author correctly claims in his Preface, for the first time draws "together in one volume the story of almost simultaneous French action in Tunisia, West Africa, the Congo, Oceania, Madagascar, Egypt, and Indo-China."

H. A. WIESCHHOFF

University of Pennsylvania

MUNCY, LYSBETH WALKER. *The Junker in the Prussian Administration under William II, 1888-1914*. Pp. ix, 256. Providence, R. I.: Brown University, 1944. \$3.00.

For many years, and especially since the old familiar names of the German military have appeared in the war news, the Junker has stood for the Prussian aristocracy (never only or fully Prussian!)—arrogant, haughty, snobbish, ruthless. And still it has come to pass that many believe that once the Junkers have been "destroyed" (?), or the Ruhr or the synthetic oil or the Nazi-machine or Beelzebub, all will be peaceful

and staid. Just who are the Junkers? Dr. Muncy's scholarly book answers at least some of the questions as to the Junkers' political potential, personal career, and social position over a given period. It is interesting to note that among the several well-known names whom the author associates with the work we find that of Dr. Heinrich Bruening!

Dr. Muncy has proceeded systematically with statistical material of certain thirteen families; yet, perhaps we are less interested in the genealogy of East Elbia's indigenous nobility, as we looked for a historical tracing of how a comparatively few Junkers with their "feudal, patriarchal, and privileged attitude towards society" exercised such politico-military power in Prussia and via Prussia in Germany. Dr. Muncy's conclusion (p. 221) stamps the book nevertheless the one book to date which recognizes the fundamentalism of the Junkers, who "were united by a common desire to possess and exercise authority. . . . Their ability to command and dispose, developed by the experience of centuries, also tended to make them preferred material for those offices which required the exercise of personal discretion and authority." What perfect *materia humana* for world-conquering charlatans! "Exclusive and faithful to social custom (in his choice of a profession . . . or a wife). . . . Political vigor and aggressiveness. . . . Interested in the preservation of their traditions and in social respectability and security. . . ." Here are the trademarks of the militant dynamism of the "Herrenvolk," which made one of them admit regretfully that "only the logic of realities makes one a liberal." But these traditionalists who live by their own standards and are law unto themselves (in empire, republic, or Nazi dictatorship!) have not only successfully maintained their original strength but have almost become an untouchable fetish—both the curse of Germany and at the same time the clique to whom, even today, the nods of the victors are directed. Karl von Rundstedt, Field Marshal of Hitler, emerged from the very same Junkerism as did General von Seydlitz and Field Marshal von Paulus of the Free German Committee in Russian cap-

tivity. Apparently opposed in aim, they all seek salvation—the resurgent maintenance of their own unified, determined, and unregenerated political power via the military. Dr. Muncy ends a brilliant background study with the warning that, should a “sizeable . . . group of Junkers emerge in postwar Germany . . . , the progress of the German people . . . may be retarded once again.” Never can this warning be repeated often enough, for it was a Junker who told us: Germany shall have no more Goethes, but she shall have Caesars!

BORIS ERIC NELSON

Westminster

Princeton, New Jersey

MAIR, L. P. *Welfare in the British Colonies*. Pp. 115. New York: Royal Institute of International Affairs, 1944. \$1.50.

There has been a great deal of discussion, not to say controversy, about the state of the social services in the British tropical colonies. This has been productive of more heat than light, because most of the critics were handicapped by a very sketchy knowledge of the facts. Miss Mair has now made them available in this timely little book. The material is derived partly from publications and partly from her own investigations in Africa. The topics dealt with are education, labor, medical and health services, and social welfare. Each of these is studied with reference to the British dependencies in Africa, the West Indies, the South Pacific, Hong Kong, Malaya, and Ceylon.

Conditions vary considerably in the different parts of the Empire; and in addition there have been some important developments during the past eight years. One of the most striking of the recent policies has been the organization of native trades unions by the Government Labor Officers, some of whom are trades unionists from Great Britain. Miss Mair gives all the essential facts and presents a clear picture of the situation in the various colonies. Her account shows that on the whole Malaya was the most advanced of the British dependencies, and that the West Indies were the most backward owing to the inadequacy of their revenue. Their

situation is improving because of the policy, adopted in 1940, of subsidizing them at the expense of the British taxpayer. A great deal of material has been compressed into very brief compass; the book would be even more valuable if it were considerably longer. As regards accuracy and impartiality, Miss Mair's work leaves nothing to be desired.

LENNOX A. MILLS

University of Minnesota

INFELD, HENRIK F. *Cooperative Living in Palestine*. Pp. xii, 192. New York: Dryden Press, 1944. \$3.00.

———. *Cooperative Communities at Work*. Pp. viii, 201. New York: Dryden Press, 1945. \$3.00.

Both of these books have as their ultimate objective the reasoned defense and straightforward advocacy of collectivized agriculture as the pattern for postwar resettlement undertakings.

The first book is devoted to a historical, ideological, and sociological analysis of the Jewish Kvutza of Zionist Palestine—the completely communistic (Marxist interpretation, pp. 128–29) agricultural co-operative type of community that has been developing since 1908.

The distinction is made between (1) “segmental” or partial co-operation, in which the members associate to satisfy some *like* interests, and achieve specific economic ends, such as in consumers', producers', marketing, and processing co-operatives, and (2) “comprehensive” co-operation, which is based on *common* interests, and attempts to satisfy *all* the essential interests of life in a co-operative way. In the Kvutza “not only all economic functions but social functions as well are strictly cooperative.”

Only the most salient features of the Kvutza can be mentioned in most abbreviated form. All land and equipment used is “national” and purchased by the Zionist fund-raising and -distributing agencies; title is held by the “nation.” The General Assembly, to which all adult belong, is the central administrative and judicial agency in each community. There is virtually no private property (save toothbrushes and shoes) and, in final analysis,

no group property. In each co-operative, agriculture, the principal occupation, is diversified and under the administration of a Management Committee. Practically all tasks are assigned and rotated by a Work Assignment Committee, and all physically capable members, male and female, work at physical tasks from ten to twelve hours daily. There is no personal compensation whatever; even money earned outside must be delivered to the common purse. Each person, regardless of skill or efficiency, receives for his work according to his needs, whatever the Kvutza has to offer in goods and services. All live in dormitories. Parents and children live in separate parts of the settlement; children are raised by specialists and educated by Montessori methods. Mating is not formalized as marriage until a child is born. No private house-keeping is permitted; the common kitchen and dining room prevail; in fact, there is almost no private life. Mutual aid and the "we-sentiment" dominate.

Most of the Kvutzot are less than ten years old (p. 153). As of September 1940 there were 79 such settlements, averaging about 250 members each, with a membership of more than 20,000, and a cultivated area of 97,500 acres, out of the total area in Jewish agriculture of 392,500 acres. The entire Jewish rural population of Palestine amounted to 142,000 and the total number of settlements (of all kinds) amounted to 257. The total number of Jews was 386,084 (*Jewish Year Book*, 1938) in a total Palestinian population of 1,568,664 (est. June 1941, *World Almanac*).

The second book supplements and brings Charles Gide's *Communist and Co-operative Colonies* (English translation, 1930) down to date. It embodies excellent descriptive and critical summaries of the Hutterite communities of the United States and Canada, the New Llano Cooperative Colony of Louisiana, the Jewish Sunrise Community in Michigan, the twenty-two Cooperative Group Farms established by the Farm Security Administration in the United States, 1937-43, the Mexican Ejidos, especially as developed during and since the Cárdenas regime (some 5,000 at latest report), the Kolkhoz of Soviet Rus-

sia, and the Palestinian Kvutzot, with some reference to many recent minor experiments.

The three short concluding chapters lay down fundamental principles which should govern the securing of funds, the organization, the selection of land, the underlying essential motives, the membership specifications, and the management of resettlement co-operatives for the postwar era. Throughout, the Kvutza with its comprehensive co-operation is presented as the model.

A host of critical considerations arise which space forbids discussing. To allude to only two: Can any save those suffering the most cruel discrimination and persecution, and having a tragic feeling of individual and group insecurity, muster the ambivalent idealism that would enable them to submit to such suppression of individual motives and activities as exists in the Kvutza? Due to the very strict (and valid to any reasonable person) membership specifications for potentially successful members, would comprehensive co-operatives offer resettlement possibilities (assuming that other requirements could be met) for more than a small fraction of the millions who will desire and need postwar resettlement?

J. O. HERTZLER

University of Nebraska

INTERNATIONAL LABOUR OFFICE. *Social Policy in Dependent Territories*. Pp. vi, 185. Montreal, 1944. Paper ed. \$1.00, cloth ed. \$1.50.

The first five chapters of this study, for which Mr. Wilfrid Benson takes responsibility, contain a survey of colonial laws, conditions, and developments between the two wars. Most of this survey deals with labor problems: their various aspects, their regional peculiarities, their common features in dependent areas, and the changes in the methods of handling them. The two last chapters give an account of the Philadelphia conference of the ILO in 1944. The Recommendations of the conference are reprinted in the Appendix.

The tenor of the book, as well as the general direction which events have taken during the interwar period, is concisely

illustrated by the title; the objectionable "colonies" is replaced by the more neutral "dependent territories." Nor is this altered terminology due to hypocrisy. It rather reflects the changing attitude of the advanced nations towards their charges—the report gives a detailed picture of "the white man's burden." The record of British, French, and Dutch colonial administrators has been good; the progress achieved against considerable odds, remarkable. It is evident from the account of the labor legislation in the dependent areas that much has been done to protect native culture from being destroyed by the impact of western industrial culture; that strong efforts have been made to help natives to adapt themselves to the new conditions rather than let themselves be submerged by those conditions; and that exploitation, if not abolished, has been made increasingly difficult. Yet it is somewhat discouraging to note that the greatest steps forward were made during the Great Depression, and again now during the war. To illustrate: forced labor, recruiting of labor, and contracts of employment have for a long time been under attack. Yet laws abolishing or seriously modifying such institutions were passed mostly after 1929. It seems that the depression which changed the shortage of labor into a surplus must be credited with at least some of the advance in the treatment of native labor.

The report points out that "labour problems, and indeed problems of social and economic policy in general in dependent territories are fundamentally the same as the world problems of poverty, underdevelopment or faulty co-ordination between development and welfare. At the same time it is important not to lose sight of a colonial ingredient in the mixture, which explains the bitterness, so often surprising to colonial reformers, to be found among the peoples of dependent territories who have on the whole benefited by changes . . ." (p. 123).

W. F. STOLPER

Swarthmore College

ARCINIEGAS, GERMÁN (Ed.) (Harriet De Onís et al., Translators). *The Green Continent: A Comprehensive View of*

Latin America by Its Leading Writers. Pp. xxii, 533. New York: Alfred A. Knopf, 1944. \$3.50.

Being himself one of the most talented Latin American writers of the present generation, Mr. Arciniegas was well qualified to edit this anthology, which is designed primarily to show readers in the United States how Latin America looks to its own leading writers. He is fertile in ideas, possesses a broad and deep knowledge of Latin American history, literature, and sociology, has had extensive experience in journalistic as well as scholarly writing, and has taught at universities in the United States as well as in his native Colombia, where he was for a time Minister of Education.

As was to be expected, Mr. Arciniegas has produced a volume of exceptional value to those seeking an introduction to the Latin American scene, both present and past. It has a broad sweep, including the geographical setting, outstanding political, military, and intellectual leaders, the cities, and aspects of the social scene. It is not so much a panorama as a collection of close-ups, but these are numerous, vivid, and representative enough to suggest the character of the whole. Moreover, the fragmentary character inherent in any anthology is offset by Mr. Arciniegas' general introduction and his prefatory notes to each selection. These fill many of the gaps and provide a framework for the whole picture.

The result is a volume which can be read with both pleasure and profit by all beginners and by many who have passed that stage, including the general reader as well as high school and college students. By providing a comprehensive inside view it will help to correct and enrich the meager, distorted, and superficial impressions of Latin America too often produced by the general books written by non-Latin American authors. It will no doubt stimulate further reading in the works of the writers represented, for most of the selections are tasty morsels that whet the reader's appetite. Among the best of these are Alfonso Reyes's essay on the American mind, Raúl Porras Barrenechea's on Lima,

and José Eustasio Rivera's account of the "Green Hell" of the Amazonian jungle.

No two people are likely to agree on all the selections in any anthology. In the present case, the reviewer thinks that excellent judgment was used in most cases, but that Mr. Arciniegas should have devoted more space to subjects that lie at the center of Latin American life and less space to episodes which, while picturesque or spectacular, are decidedly peripheral to it. Leading examples of the latter are the accounts of Francisco de Miranda's visit to the Russia of Catherine II, and a Spanish trader's binge among a handful of decadent Indians in the wastes of southern Chile. Again, while the inclusion of Rodó's classic essay on Montalvo deserves applause, so many Latin Americans disagree with both Rodó and Montalvo on the fundamental issues involved in it that the reader should have been given some expression of their views too. Finally, while Mr. Arciniegas' prefatory notes provide excellent general background, they often fail to give the specific information which most readers in this country need for a full understanding of the selections that follow.

In the main, the translations are very well done. The format is very attractive, but the proofreading was below par. For example, accents are missing from many Spanish names, and the dog-Latin tag "*Exegi monumentum ore pecunius*" (p. 298) can hardly be a deliberate disguise for our old friend "*Exegi monumentum aere perennius*."

ARTHUR P. WHITAKER

University of Pennsylvania

BIESANZ, JOHN and MAVIS. *Costa Rican Life*. Pp. x, 272. New York: Columbia University Press, 1944. \$3.00.

This volume is the outgrowth of about two years' residence in Costa Rica by Dr. and Mrs. Biesanz, who went to the University of Costa Rica on an exchange professorship. The young couple did not choose to report the formal political and economic institutions of the tiny Central American republic, or to write a book highly tinged with the usual romantic allusions which one is accustomed to find

in tourists' descriptions of Latin American countries. Instead they set out to learn all about the ordinary life of ordinary people, e.g., everyday living, courtship and marriage, family life, education, work, play, and religion.

In many respects the picture of Costa Rican life in its middle range, as described in this volume, is a kind of Latin American *Middletown* and is applicable to the rest of Latin America, since all of those nations have a more or less common cultural pattern. This is true particularly of the descriptions of courtship and marriage, the subordination of women, the "easy" Catholicism, and the importance of the formalities of the cult on life and customs of the people.

Yet there is much about Costa Rica that is different. This "small, relatively compact sample of Latin America" is notably different from its neighbors in its greater enjoyment of political and civil rights. Of nothing else are the Ticos (Costa Ricans) so proud as of their much-praised political democracy. Nevertheless, the authors do not fail to note that Costa Rican democracy has many defects. Women do not have the vote; the true party system does not exist; government officials are often engaged in undemocratic intrigues; elections are corrupt; and, say the authors, "it would, indeed, be difficult to prove that the country is becoming more rather than less democratic."

The Ticos are inordinately proud of their schools. Yet, our levelheaded observers, after rendering fulsome praise for the really significant educational achievements of the tiny country, remind us that, although the country has more teachers than soldiers, the teachers are shamefully underpaid. Furthermore, although it is a boast that "literacy is as high as in any Latin American country," it is a fact that there are ten times as many children in the first grade as in the sixth.

The Ticos are also proud of their general material well-being. Yet, what shall we say of "the high standard of living" in Costa Rica after a review of statistics of which the following are a sample? The per capita national income is less than \$100. Fifty per cent of the national in-

come (\$60,000,000) is spent for food. About one-half of the deaths in the country occur without medical attention—little wonder, since, in 1940, there were only 174 doctors in the country. Infant mortality is 14 per cent. Not more than one-half of the population is over 19 years of age. Only 4.2 per cent of the people attain 60 years of age. One-quarter of the births registered in 1940-41 were illegitimate. These figures are startling, not only in view of the popular impressions of Costa Rica, but particularly in view of the undeniable fact that Costa Rica far outstrips her Central American neighbors in progressiveness.

This account, written in a plain yet interest-arresting style, bears evidence of sober and trustworthy reporting. The authors apparently went about their self-imposed task of knowing Costa Rica in a thoroughly rational, albeit highly intensive, fashion. They are deeply sympathetic and appreciative, yet have not allowed this to overrule their critical sense in reporting the black as well as the white. This is a description of the life and customs of one of our Good Neighbors written so intelligently that we can only hope that it will be used as a model for the other books which inevitably will be written about our other Good Neighbors.

J. LLOYD MECHAM

University of Texas

WEIL, FELIX J. *Argentine Riddle*. Pp. xiii, 297. New York: The John Day Co., 1944. \$3.50.

The bilinguistic author, formerly an Argentine state official and industrialist, at present social research fellow at Columbia University, offers two different topics: politics and economy. In regard to quantity and still more to quality, the latter prevails. In guiding the reader behind the Argentine scene the author is reckless in unveiling many a dark spot. The country which could easily support a population about six times the present size of four-tens millions is "being firmly held by a few thousand *estancieros* families." In the "traditional unwillingness" to co-operate with the United States, Argentina, "the sixth British dominion," in its hypersensi-

tiveness, has never lacked an opportunity of finding mistakes and errors, awkwardness, and gaucheries of a United States agency, or a Senator, or a radio commentator. Such happened even during the era of inter-American conferences, "called meetings of mice presided over by the cat." Meanwhile "the cat has become a lion . . . the mice have remained mice . . ."—often, it is true, "treated with good-neighborly kindness. . . ." Dr. Weil, in contrast to many American writers, understanding the psychology of another people, is sure that it "will take a long time and more than words" to tear down "the wall of fear and distrust which it has taken Dollar Diplomacy in Latin American generations to erect."

In spite of all these handicaps, the growth of industry could be accelerated and at the same time "the anti-United States feeling" could be overcome if Congress would "elevate the Good Neighbor policy to the status of a lasting official doctrine . . . fulfill and implement it by deeds, by long-range commitments of economic significance." Certainly "a trilateral trade agreement between Argentina, Britain and the United States" would be a solution. However, to realize such an ideal goal there would need to be a radical change in the minds of British statesmen, of Argentine landlords, of American Senators, and of the big business people in all three countries.

Especially valuable seems to be the "excursus" on the injudicious use of statistical data not supplied by Federal authorities.

On the other hand, Dr. Weil produces another "riddle." Why does he almost completely ignore the far-reaching, effective Nazi propaganda which has penetrated the country much more than Argentineans themselves often realize? Does he really think that without the Nazis' influence the military government would exist?

ALFRED MANES

Indiana University

VAN MOOK, HUBERTUS J. *The Netherlands Indies and Japan, Battle on Paper, 1940-1941*. Pp. 138. New York: Norton & Co., 1944. \$2.00.

Mr. van Mook was director of economic affairs in the Netherlands Indies, and headed the Dutch delegation which carried on negotiations with Japan in 1940-41. In this book he gives an account of what took place, documenting it with long excerpts from the memoranda exchanged between the Dutch and Japanese delegates.

Japan tried to coerce the Netherlands Indies into joining the co-prosperity sphere and accepting Japanese control. Her method was to make sweeping economic demands backed by vague but unmistakable threats. The policy succeeded when tried on the Vichy government of Indo-China, but it failed completely with the Dutch. In both cases the demands were presented when the home governments were on the verge of defeat, the Japanese delicately pointing out that the changed conditions in Europe necessitated adjustments in Asia. The demands included an enormous increase in the export to Japan of oil, rubber, tin, iron, and other war materials; a great extension of the areas allotted to Japanese development companies for exploitation; and a considerable increase in immigration. The Dutch offered quite a generous increase in the shipment of raw materials and a modest extension of the areas already held by Japanese companies. They rejected most of the other demands.

Mr. van Mook emphasizes the very great handicaps of the Dutch. They became increasingly certain that Japan meant to attack, and they were determined to go down fighting rather than surrender. At the same time they were acutely aware of their weakness—their lack of armaments, the uncertainty of American aid, the absorption of Great Britain in the European war, and the lack of co-ordination for defense of the American, British, and Dutch forces in the Pacific. Under the circumstances the Dutch played for time, hoping that conditions would improve. They made minor concessions to keep the negotiations going, but refused to give way in essentials. The final chapter shows why it was impossible to organize an Indonesian people's army for guerrilla warfare. The arms could not be obtained, the people were untrained, and most of the islands were too small. Resistance could be maintained in China

because the troops could retreat a thousand miles and still have a huge territory in which to maneuver; but in most of the East Indies, a retreat of three hundred miles at most would have taken the defenders from one end of the island to the other.

LENNOX A. MILLS

University of Minnesota

HAYEK, FRIEDRICH A. *The Road to Serfdom*. Pp. xi, 250. Chicago: University of Chicago Press, 1944. \$2.75.

This book—which has created a considerable stir in England and the United States—has resulted in unfavorable as well as favorable reactions. The critics say that it consists mainly of an indiscriminate waving of the red flag and the shouting of a cry of warning that nazism and fascism are just around the corner for the democracies. Why? Because we have all become "socialists" and "planners" (Hayek regards them as synonymous), which was precisely what the Germans had become when they started on the wrong road. This, the critics continue, is a very specious argument, especially since the author contributes nothing with respect to the peculiar circumstances which in Germany led to nazism—nor to the peculiar and different circumstances which in Italy and Russia led to other forms of totalitarian serfdom. One might as well argue, since Al Capone did some "planning" back in prohibition days which finally landed him in Alcatraz, that the rest of us, since we also "plan" in one way or another, are apt to end up there also.

The author, to be sure, distinguishes between good planning, which is planning "for competition," and bad planning, which is planning "against competition." But this attempt to separate the good from the bad merely arouses the critics further. They hunt in vain in the book for any concrete listing of what Hayek regards as planning for and planning against competition in modern social legislation. What about social security legislation covering health, invalidity, retirement, unemployment, much of which was first developed in Germany; collective bargaining; tariff

legislation; maximum hours and minimum wages; currency controls; slum clearance and low-cost housing? Nearly all such legislation has a long history. Which of it should be designated planning for competition and which is planning against? Hayek touches briefly on some of these subjects, though never conclusively, and he states quite definitely that monopolistic tendencies are very bad, whether indulged in by capitalists or unionized workers. But, say the critics, when it comes to concrete action against admittedly bad tendencies, Hayek merely states: "Within the scope of this book, we cannot enter into a discussion of the very necessary planning which is required to make competition as effective and beneficial as possible. . . ."

There are, however, other things to be said about this excursion by an economist into fields with which he is often not very familiar. The fact, say his advocates, that the author has created such a wide stir, speaks for itself. His warning has at least been heard. If it is a false alarm, as some think, well and good. No harm has been done, and people have at least been forced to take stock of current tendencies. On the other hand, many readers feel that the admonition is very timely—that the book represents a real warning which the democracies will disregard at their peril.

In addition, there is more to the book than has thus far been stated. The very substantial emphasis on the democratic rule of law as a safeguard of individual liberties will bear repetition at a time when dictatorial and bureaucratic ideologies impinge upon us from many quarters.

The rule of law in a democracy means that within the general code the individual is free to pursue his personal ends and desires unimpeded. Such a rule is the opposite of arbitrary power in that it is no respecter of persons. All are treated alike. There can be no objection to the delegation of legislative powers as long as it is confined to the making of general rules. Otherwise, where arbitrary power is delegated, no guide is provided except "the whims and fancies of irresponsible individuals." In time of war, it is inevitable that some individual rights are restricted; but unless there is a return to the demo-

cratic rule of law soon after the war ends, the nation will find itself upon an exceedingly dangerous path.

To the present reviewer, this constitutes the real contribution of the book. In a peacetime democracy, regimentation of wide areas of social and economic life cannot be satisfactorily undertaken since it is bound to lead to discrimination and arbitrary action. General standards in accordance with the democratic rule of law must continue to be developed. Such action is particularly needed to curb monopolistic tendencies and place competitive practices on a more satisfactory plane. Other general laws are, of course, also called for. But beyond the establishment of such general standards lie vast areas of conditions to which each individual must be allowed to adapt himself in his own particular way if freedom and democracy are to survive and flourish.

JOSEPH MAYER

Washington, D. C.

WASSERMAN, LOUIS. *Modern Political Philosophies and What They Mean*. Pp. viii, 287. Philadelphia: The Blakiston Co., 1944. 69¢.

This book explains modern political philosophies to the intelligent general reader. Accordingly, the explanations are simple and brief. Compressed into two hundred short pages are the accounts of eighteen philosophies (Democracy, Liberalism, Capitalism, State Capitalism, Utopianism, Marxism, Socialism, Soviet Communism, Anarchism, Syndicalism, Guild Socialism, Christian Socialism, Fabian Socialism, The Single Tax, The Co-operative Movement, Italian Fascism, Nazism, and Japanese Fascism), with brief sketches of their historical backgrounds. Thirty-five additional pages are given to summary descriptions of the political and economic structures of sixty-four countries of the world today (from Afghanistan to Yugoslavia), measured by the impact of the competing philosophies. The author avows his determination to exclude his own judgments. To a considerable extent he sets forth the doctrines in terms of their own professions; and he maintains his objectivity with at least average success.

In some places, however, the author's extreme condensations lead him into extreme generalizations from which are excluded the qualifications that seem indispensable in even a brief account of doctrinal movements and influences. Thus he says that the Protestant Revolt in the sixteenth century "assured" the rights of private conscience as against Church authority in matters of faith. At two places he declares that "individualism" or "the individualist tradition" was predominant in the United States from the formation of the Union (shades of Alexander Hamilton!) to the beginning of the twentieth century. Still more surprisingly, he says that the importation of "scientific" ideas (including Darwinism!) into social and political theory "solidly" affirmed "the triumph of reason over dogma." In his comments on Marx's brief references to proletarian dictatorship he implies that Marx's conception of dictatorship was essentially the same as the extensively elaborated and applied Russian-Communist conception. His understandable preference for Communism over Fascism and National Socialism leads him into comparisons that make the Russian system appear as essentially similar (apart from "institutional forms") to our traditional democracy and liberalism. His index item, "Religious freedom," gives one reference only, and that is to religious freedom in Soviet Russia!

Despite these exaggerations, the book is a scholarly, clear, readable, and, on the whole, well-balanced explanation of doctrines everyone ought to understand. Mr. Wasserman assigned himself a difficult task which he has discharged with remarkable success.

FRANCIS W. COKER

Yale University

KINGSLEY, J. DONALD. *Representative Bureaucracy: An Interpretation of the British Civil Service*. Pp. 324. Yellow Springs, Ohio: Antioch Press, 1944. \$3.50.

Mr. Kingsley spent two years in Britain as a postdoctoral fellow of the Social Science Research Council. From Harold

Laski he gained an "understanding and a point of view which has ever since formed the focus of . . . [his] thinking." His book was well underway before the war. In publishing it now, he has let the historical part stand, but has rewritten the analysis and description of the present Civil Service. The result is disjointed.

The central thesis of the book, being greatly oversimplified, can be simply stated: The middle class emerging in the nineteenth century made over not only Parliament but the civil service in its own image. The "administrative class," recruited from the schools that bred the plutocratic rulers, was not the tool of the ruling class, it was a part of it. In a laissez faire society that asked little of government, men cast in this mold served admirably. That they will not meet the needs of the "planning state" is clear.

Kingsley is not concerned with the currently agitated question of the desirability of group or interest representation in bureaucracy. His thesis is rather that bureaucracy must inevitably represent the ruling class; it cannot, as once supposed, be neutral.

Because his "history is, in a sense, polemical," Kingsley has been "indefatigable" [*sic*] in documenting it. Unhappily, he cannot fit all the facts he adduces into his oversimplified framework. Thus, the Foreign Office, until the mid-twentieth century, has remained an enclave of the aristocracy. The chapter, "The Junior Partner," seems to picture a Civil Service rent by the same class conflicts as the total society in which it serves; militant unionism has raised it ugly head.

A proper Laskian gloom attends Kingsley's picture of British society. "Contraction in the potential area of compromise has everywhere marked the evolution of the capitalist state. It is an ominous development, pregnant with disaster . . ." and so on. But Kingsley's natural good sense makes him add: "That point has not yet been reached in the Civil Service, nor is there clear evidence that it soon will be." And at many points, he has to admit that on the whole the Civil Service has worked pretty well; because, he says, the civil

servants and the ministers have striven for the same goals eye to eye.

Having seen a century of effort result in this nice balance, Kingsley can only view with alarm the prospect of its disturbance. And it seems a fair implication, if history has any meaning, that we may expect half a century of maladjustment before the planning state finds, learns how to educate, and assures itself of a supply of the new "controllers," program planners, economists, needed to manage the new state.

Unfortunately, having brought us to this realization in his epilogue, "Preview of the Planning State," Kingsley leaves us dangling. As we do not yet know who will rule the planning state, neither Laski nor Kingsley can tell us whence its bureaucrats will come.

CHARLES S. ASCHER

New York

SWISHER, CARL BRENT. *American Constitutional Development*. Pp. xii, 1079. Boston: Houghton Mifflin Co., 1943. \$7.50.

"The history of the Constitution reveals a panoramic mixture of continuity and change." With this sentiment Dr. Swisher opens his final chapter which he calls "The Constitution Today and Tomorrow." It is a thoughtful conclusion to a very able book. Too often, in the hands of scholars whose training has been primarily in government and law, the constitutional history of the United States has been presented from an analytical and topical approach, with great stress laid on Supreme Court decisions. The present volume is not such a book. It is institutional history of a high level of excellence. It begins with the colonial origins of the Constitution and comes down to 1943. The work is a narrative which lays clearly before the reader continuing institutions and patterns of thought, together with the story of the changes that have occurred and the causal factors back of them. It uses court decisions profusely, but it is also rich in material on governmental developments beyond the range of court action.

Dr. Swisher has faced frankly the problem of proportions and has taken account

of the fact that the period of swiftest and most momentous constitutional development since 1787 has been in the twentieth century. Roughly half his volume has been devoted to the years since 1900. This latter half of the book contains its principal contributions to an understanding of our national development. It is the best survey and summation of the complex developments since the First World War available. The author has had to pay a price for the excellence of his twentieth-century material. His opening chapters on backgrounds and early developments are brief, almost to the point sometimes of inadequacy. He defends his policy by pointing to the extensive nature and high quality of the literature available for the period down to the Civil War. The present reviewer supports the author's decision.

Dr. Swisher brings to his task not only his knowledge as a scholar, but experience in the Federal Government itself. In his concluding chapter he discusses temperately and realistically the problems which the citizens of the United States face in attempting to use this necessarily vast, unwieldy, and asymmetrical organization as an instrument to promote the general welfare. The most important insight of the book, in the opinion of the reviewer, is found in the following sentences: "... down until the nineteen-thirties, except in certain important periods, the separation of powers provided for in the Constitution resulted in the allotment of most federal policy-making to Congress." But the pressure of events and the character of Congress itself has brought a change. "In a sense, Congress, instead of operating as a positive policy maker, now performs a function similar to that traditionally performed by the Supreme Court. It accepts the presidential program or rejects it in part or in full without offering an integrated program of its own as an alternative." This is one of the most striking illustrations of the evolution of the Constitution under the stress of circumstance.

RALPH H. GABRIEL

Yale University

TAUS, ESTHER ROGOFF. *Central Banking Functions of the United States Treasury*,

1789-1941. Pp. xii, 313. New York: Columbia University Press, 1943. \$3.50.

"Treasury central banking" is defined as the "powers and activities of the United States Treasury which do or may influence the reserves of central banks." The means are mainly "the issuing of paper money, the depositing of government cash funds in commercial banks, and the prepaying of interest and principal on its outstanding obligations from idle Treasury cash balances."

Along the lines of these tests does Mrs. Taus set out to prove her thesis of "a more-or-less-consistent trend toward steadily increasing central banking activities of the Treasury. . . ." The proof she finds in (1) monetary and banking legislation which altered Treasury central banking activities; (2) theories in this direction which influenced Treasury secretaries; (3) war and depression effects, intentional or not; and (4) the effects of "strictly fiscal operations of the Treasury upon the reserves of commercial banks." The method is historical and the conclusion is reached that "it is extremely difficult to visualize any major retreat of the Treasury from its present eminence in the predictable future." To all this there certainly can be widespread agreement, and from this reviewer—brevity.

Readers of the book will find much interesting detail for the period from 1789 to 1845, and no later important landmarks of monetary history familiar to the reviewer appear to have been omitted. Documentation is unusually complete and the thread of our Treasury's monetary history is most thoroughly unraveled.

Students will find the volume useful for its many sections in each chapter—all most conveniently captioned. There are chapters including, to be sure, "something for silver" (Chapter X), on practically every topic of historical interest in the field. Appendixes provide materials on (1) names, (2) balances, (3) receipts and expenditures, (4) customs receipts, (5) public debt—interest and retirement, (6) number of colonial and state banks, (7) money in circulation, and (8) index numbers for wholesale prices—all where possible for the period 1789 to 1941. The Bibliography is extensive. For all this Mrs. Taus deserves

the hearty thanks of students of money and banking.

ARTHUR R. UPGREN
Minneapolis, Minn.

EKIRCH, ARTHUR ALPHONSE, JR. *The Idea of Progress in America, 1815-1860*. Pp. 305. New York: Columbia University Press, 1944. \$3.50.

The idea that the human race has made definite and rather steady progress on the planet began with Francis Bacon, was carried on by Vico and the French philosophers of the eighteenth century, culminating in the notable work of Condorcet, and attained its most profuse and obscure exposition in the works of the German philosophers of history of the early nineteenth century. The dogma of the definitive and undeniable progress of mankind was perhaps the basic dogma of nineteenth-century liberalism.

In the present century the attitude towards the dogma of progress has become more discriminating and critical. We admit impressive changes in culture but recognize that these changes may not always constitute progress, in so far as the whole pattern of culture is concerned. Changes may be so one-sided or lopsided as to bring calamity rather than comprehensive progress. This is notably the case today, when we find a mid-twentieth-century technology coexisting with social thinking and an institutional pattern which have not greatly altered since the days of Washington and Jefferson. Unless this serious cultural lag is corrected, our civilization may at least temporarily perish.

There have been a number of good books written on the history of the idea of progress in Europe, but Dr. Ekirch's volume is the first serious and extended consideration of the history of the dogma in this country. It covers the reception and vicissitudes of the notion of progress between the War of 1812 and the Civil War. The book was inspired, appropriately enough, by Professor Merle E. Curti.

Dr. Ekirch treats his subject topically, discussing the bearing of the idea of progress upon developments and thinking in major fields of American life during the

half-century before the Civil War. He first deals with the transit of the idea of progress to this country and with the writers most influential in sponsoring the conception. Next, he discusses the relation of the theory of progress to democracy, westward expansion, and sympathy with the mid-century revolutions in Europe. He then considers how material progress, the rising industrialism, population growth, and the like, seemed to confirm the dogma of progress. The impetus given to the idea of progress by scientific discovery and technological advance is then analyzed. Due attention is next given to the relation between the idea of progress and the utopian thought and communities of the mid-nineteenth-century sponsored by Robert Owen and others. Dr. Ekirch then shows how the rising enthusiasm for education, especially free, public education for democracy, seemed to supply the mechanism and guide for progress. Finally, there is an exposition of the thoughts of the leading American exponents of the idea of progress, such as Nathaniel Chipman, Alexander H. Everett, Frederick Grimké, Richard Hildreth, and George Bancroft.

Dr. Ekirch includes not only those movements and men that encouraged the idea of progress, but also those who either opposed it or counseled moderation in accepting the doctrine. Such were Edward Everett and other churchmen who regarded the Christian Church as the custodian of social stability. Some leading novelists, like Cooper, Simms, and Hawthorne, were skeptical of too much enthusiasm for progress, especially overrapid and disrupting progress. Professors of the temper of Francis Lieber regarded the state as the guardian of civilization, much as Everett and his associates looked upon the church in similar guise. Southern intellectuals interpreted the idea of progress in such a way as to safeguard the doctrine of human slavery and the dogma of racial aristocracy.

The book brings to light many interesting writers and ideas, some of them hitherto obscure and neglected. It is a scholarly work, showing much serious research, but it will prove readable to all earnestly interested in the subject. It is

to be hoped that a companion volume on the period since 1860 is in preparation.

HARRY ELMER BARNES

Cooperstown, N. Y.

ADAMS, JAMES TRUSLOW, and R. V. COLEMAN (Eds.) *Album of American History: Colonial Period*. Pp. xiii, 411. New York: Charles Scribner's Sons, 1944. \$7.50.

This volume dramatizes pictorially the history of America from the voyage of Columbus to the close of the Revolution. By a skillful use of contemporary maps, paintings, portraits, woodcuts, etchings, and steel engravings the homes, churches, and public buildings of our ancestors, their mills, workshops, and wharves, their arms and military equipment, their mode of transportation, and their agricultural techniques are all delineated. Intimate glimpses of kitchens, parlors, and bedrooms, a Puritan attic (p. 85), and a Finnish bath (p. 164), do much to visualize every facet of Colonial life. The butcher, the baker, and the candlestick maker are among the score of occupations and professions presented in this useful volume.

The book is divided into ten sections, the first seven of which deal with specific settlements or groups—"From Columbus to Jamestown," "Fishermen, Pilgrims and Down-Easters," "The Puritans," "The Hudson and the Delaware," "Maryland," "The Carolinas and Georgia," and "Pennsylvania." The eighth section covers the economic, political, religious, and social development of all the colonies from 1700 to 1750; the ninth is denominated "The Self-Conscious Era," and covers the quarter-century ending with 1775. The last section deals with the American Revolution, almost one-fourth of the 200-odd pictures being portraits of such men as James Otis and Patrick Henry, the signers of the Declaration of Independence, and American and foreign generals. Portraits of Simon Kenton and Daniel Boone and a view of Chumberland Gap are but three of the seventeen pictures associated with the westward movement during this period.

The *Album of American History* does not compare in treatment and scope with the *Dictionary of Biography* and the *Dic-*

tionary of American History, and it suffers by comparison with Yale's monumental *Pageant of America*. The reproductions are frequently inferior, even when modern photographs are introduced. An Index would have been very helpful. Nevertheless, a wealth of pictorial history greets the reader as Pilgrim and Puritan, Dutchman and Swede, Quaker and Mennonite, Cavalier and Huguenot stalk across its pages. It is accurately done, well organized and up to date, even including (p. 8) the Drake plate that was discovered in 1936. The *Album* should afford hours of pleasure to amateur historian and scholar alike. It should prove especially useful to anyone studying Colonial history.

WILLIAM J. PETERSEN

State Historical Society of Iowa

TRAVASSOS, MARIO. *Introdução à Geografia das Comunicações Brasileiras*. Preface by Gilberto Freyre. Pp. 208. Rio de Janeiro: José Olympio, 1942. No price.

Fully one-half of the study is devoted to an exposition of basic concepts and a description of geographic factors which affect the growth and development of communication systems. Brazil, the author finds, is a typical example of a country with a mixed system of communication and transportation, because of its long coast line, its navigable rivers, and its extensive and topographically complex area. The author then proceeds to examine the territory of Brazil in terms of natural regions of circulation, and concludes with a broad analysis of the systems of transportation suggested by Honório Bicalho in 1881, by the First Railway Congress (the Bulhões Plan in 1882), and the National Transportation Plan of 1934.

Of the two earlier plans, Mr. Travassos favors the one proposed by Bicalho, largely because it assumes much more extensive utilization of river transport than the system suggested in the Bulhões Plan. According to Mr. Travassos, the Bicalho Plan more nearly conforms to the principles of the line of least resistance and the natural line of circulation. For these reasons, too, the National Transportation Plan of 1934 has the author's approval.

It is unfortunate that Mr. Travassos does not define more clearly the two basic principles. The terms "line of least resistance" and "natural line of circulation" are too general to be of great value in an analysis of a constantly changing set of circumstances. So, for example, the development of the system of transportation did not follow the course outlined by Bicalho simply because river transportation could not compete with either railroad or ocean transportation, as to either cost or comfort. It would appear, therefore, that the principle of "least resistance" becomes meaningful only with reference to a given set of geographic, socioeconomic, and political conditions. And it is only in these terms that the National Transportation Plan of 1934 can be usefully discussed. Without such a frame of reference, the analysis cannot go very far beyond a simple description of routes.

As an introduction to the problem of communications in Brazil, the study serves a useful purpose in that it stresses the necessity of integrating water and land transportation networks now serving more or less isolated areas into a national system. What remains to be done is to examine the validity of such a system in terms of future economic development.

MIRON BURGIN

Washington, D. C.

NORMANO, J. F. *The Spirit of Russian Economics*. Pp. xiv, 170. New York: John Day Co., 1945. \$2.00.

The present study is one of the series in the history of economic thought planned by Dr. Normano. As he states, it is in some respects a companion volume to his *Spirit of American Economics*.

The author says in the Foreword that his book is "a view of trends of ideas, for which books and writers are only illustrations." It is a genetic investigation of the topic, "a lesson in depth." Dr. Normano regards his work as a preliminary investigation. The slender volume certainly does not exhaust the subject. It even does not plumb and chart in a comprehensive way the various aspects of Russian economic thought.

There are three chapters (seventy pages

altogether) devoted to the study of English, French, and German influences, followed by a fairly long chapter on native currents. The next two are devoted to the study of the interreaction of the foreign and native trends of economic thought, and of the resulting synthesis. Four and one-half pages are given to conclusions.

Dr. Normano states that from the standpoint of Russian history Bolshevism should be viewed "as a legitimate successor rather than a successful rebel." He voices his belief that it was not the Communist Party or Stalin that joined Marxian theory with the needs and traditions of Russia. He credits Stalin with not having tried to stop the process, and suggests that the ship of state "returns to its historical channel sometimes without a skipper, sometimes against the skipper's wish."

The author maintains that the people of the U.S.S.R. "still have the dynamic impulse of a successful revolution, but their economic spirit is obviously one of conservation." He contrasts this forward-looking and optimistic quest for conservation with the Western attempts at preservation of the status quo.

As to the prognosis, the author is cautious, but feels that the Russians will preserve their pathos of creation and their "romanticism of realism, romanticism of a system which in Lenin's definition consists of 'Soviets, electricity, and accounting.'"

To this reviewer the chapter on English influences seems to form the most important contribution of the author. On the contrary, the part dealing with reaction and synthesis is the weakest. In places it is surprisingly inadequate. Dr. Normano wants us to believe that "practically all Russian parties and factions, with the exception of the Mensheviks," sought to free Russia from capitalism. This leaves out even Lenin's theoretical work in the field of economics at the time of his early disputes with the populists. This conclusion would hardly prove acceptable to many students of Russian economic thought.

A few factual corrections are in order. For instance: Pestel was not the only economic thinker among the Decembrists.

N. Bestuzhev's studies are quite interesting, although less known. The last that was heard about S. N. Bulgakov indicated that he was a priest, and not a monk. Some of the names of Russians of foreign origin are incorrectly spelled. Thus, Vreden for Wreden and Gagemeister for Hagemeister.

In concluding, this reviewer would like to ask exactly what Dr. Normano means by his: "There was no real bourgeois material in Russia prior to revolution."

D. FEDOTOFF WHITE

Indian Rocks, Fla.

NEUMANN, JOHN VON, and OSKAR MORGENSTERN. *Theory of Games and Economic Behavior*. Pp. xviii, 625. Princeton: Princeton University Press, 1944. \$10.00.

The classical theory of games is based on the calculus of probabilities, and the mathematical approach to economics is the new science of econometrics. Both methods have in common the notion of a chance variable which is the fundament in the calculus of probabilities, and a supplement in econometrics. The mathematical tools in both sciences are essentially the same, differential and integral calculus. However, no theory of games used to be considered a part of economics.

The authors, a brilliant mathematician and a well-known economist of the Austrian school, try a completely new start which interprets economics in terms of games of strategy. These games, which include games of pure chance, such as dice throwing, and rational games, such as chess, serve as models for economics as the usual physical models serve in physics. However, the tool is no longer calculus but mainly the theory of sets and groups.

The authors justify their new method by an interesting historical analysis: the development of physics since Newton has been made possible only through the discovery of new mathematical tools. In the same way the completely new problem of n participants of a game, each trying to maximize his gain without being able to control the activity of the other participants, cannot be solved by the present mathematical methods. Therefore we need

not wonder that the authors confine their study to the most elementary economic processes.

The book starts with the fundamental notion of utility to which a number can be assigned, and deals first with a two-person game. Then games with three, four, and n participants are considered, where the sum of the gains is zero. This condition is dropped later to further the approach from games to economics where all, or the majority, of the participants of a deal may increase their utility.

A game where the sum of the gains is not zero may be called a general game. The general n persons' game can be reduced to $n + 1$ persons' game with zero sum. However, this method becomes tremendously complicated with increasing number of participants. No statistical approximation seems to exist which would yield solutions valid for large n .

The whole approach is purely static, and there is a long way to travel to the point where this line of thought may furnish tangible results for the rational solution of economic problems. The reviewer doubts whether the method based essentially on a capitalist form of production covers all rational economics. The authors must be lauded for their courage and endurance in undertaking their highly theoretical endeavors. However, it seems questionable whether they will obtain adequate appreciation from the public. Page after page full of formulae discourage the reader. A nonmathematical summary of the main results would have meant an essential improvement without any sacrifice of rigidity.

E. J. GUMBEL

New School for Social Research

SKILTON, ROBERT H. *Government and the Mortgage Debtor (1929-1939)*. Pp. iii, 232. Philadelphia: The Author, University of Pennsylvania Graduate School, 1944. No price.

Students of real estate and of mortgage finance will find many useful items in this analysis of the relation of government to the mortgage debtor, prepared as a Ph.D. thesis. The discussion relates primarily to the years 1929-39, but some of the most interesting sections deal with the history of

mortgage law and finance in the early days of the United States. The book treats of both city and farm mortgage problems; in addition to its historical parts, it contains extensive analysis of state moratory and antideficiency judgment legislation, and of the various Federal programs for the relief of mortgage debtors.

The approach is legal, economic, and statistical, with the first predominating. The reader will find particularly handy, gathered thus in one source, the long list of case citations and of laws dealing with real estate and mortgage difficulties. Many readers will wish that more attention had been devoted to the economic reasons underlying the fall in real estate values during the Great Depression of the 1930's. Some new statistics are included, but most figures are drawn from compilations already published by governmental and other agencies.

The author gives full credit to the role of state and Federal Governments in meeting the mortgage emergency. He also pays some tribute to the private lending institutions for the many concessions granted voluntarily to borrowers. The wide extent and significance of this voluntary forbearance by lenders, as a stabilizing influence during the mortgage emergency, is not always fully appreciated by writers on real estate subjects.

What of the future? It is the author's contention (p. 210) that "since Government cannot easily escape duties in poor times, it may justify the lengthening of its controls in good times when most mortgages are created. Such action, however, should be placed upon a long-run, far-sighted basis of national policy, as distinguished from the temporizing and emergency action of depression years. Permanent mortgage legislation should be directed toward the achievement of some social purpose."

In pursuance of this goal, the book closes with a legislative program. Included in the proposals for study are such controversial questions as guaranty by the Federal Government of a home or farm owner's equity, transfer of his equity from one community to another should he find it necessary to move, amortization payments

which rise and fall with the borrower's income, direct loans by Government on homes, and downward pressure on interest lending rates—either by direct Federal lending “at the current rate that the Federal Government has to pay for borrowing” (p. 217), or through Federal subsidy of part of the interest charges made by private lenders. Obviously, there are many who would challenge the economic soundness of some of these suggestions.

CORLISS L. PARRY

New York City

GRAHAM, BENJAMIN. *World Commodities and World Currency*. Pp. xi, 182. New York: McGraw-Hill Book Co., Inc., 1944. \$2.00.

In this book Mr. Graham continues his persistent and energetic campaign for “commodity-symmetallism.” The commodity reserve currency principle that he developed in *Storage and Stability* (1937) is here adapted to the problems of a world economy. The plan advocates the building up of stockpiles of excess raw materials, the stabilization of the price level of these commodities, and the establishment of a sound world currency—all three to occur simultaneously. Adoption of the plan, the author believes, would be an important step toward ensuring an expanding and reasonably stable economy in the post-war period.

This latest exposition seems to emphasize control of raw materials primarily, and monetary reform only secondarily. In this reviewer's opinion an international commodity monetary standard comparable to a genuinely international gold standard would not be established by the adoption of this proposal. To be sure, the plan does propose an automatic buying and selling system applicable to a limited group of commodities, which would provide a monetary demand for these commodities somewhat similar to the demand for gold created by the United States during the late thirties, but what this gave us was far from being an international gold standard. As in the earlier presentations of the plan, the concept of embodied monetary value is used. Since the valuation of money is a reflection of the valuation of goods ex-

changed for money, monetary stability depends upon whether the composite price of the goods and services for which money is exchanged remains stable, and not upon the price of the monetary good. It is possible to have stable exchange value without embodied value, but embodied value is by no means a guaranty of stable exchange value.

A steadily expanding world economy, the full utilization of our resources, and a smoothly functioning monetary system are economic objectives the attainment of which challenges the ingenuity of all social scientists. While Mr. Graham's ambitious program encompasses all these goals, he recognizes that “other plans or agencies . . . will be needed” to achieve the desired objectives; however, he does not give adequate consideration to the extent of the supplementation required. Moreover, the compatibility of the proposed marriage of a commodity storage plan and a monetary mechanism has not been sufficiently explored. For example, the desirability of entrusting the accumulations of stockpiles for emergency use to the vagaries of forces making for price movements seems questionable; it offers no assurance that the commodity reservoir would be full when emergencies arose. The provision for substituting “future contracts” in place of actual commodities, as an emergency device, constitutes another weakness.

From the standpoint of stability, the primary contributions of the plan seem to be the price floor which would be provided for an aggregate of basic commodity prices and the tertiary effects that the setting of such a floor would have on the rest of the economy. An evaluation of the contribution that this plan would make toward mitigating the downswing of the business cycle depends upon the employment-creating effects of the raw material sector, the contribution of an international scheme such as this, to overcoming dislocations of national economies, and the relationship of raw material production to the economy of the different nations. Its contribution toward the prevention of inflationary movements is limited to the effect of a reservoir of monetized commodities on lessening the price rise in these items and to the poten-

tial reduction of the monetary supply. It offers little toward solving problems of instability such as confront most nations today.

WILLIS J. WINN

New York City

The Economist, 1843-1943. Pp. 178. New York: Oxford University Press, 1944. 7s. 6d.

The first issue of the London *Economist* bore the date of September 2, 1843, and this little volume of essays constitutes an admirable commemoration.

The year 1843 was a significant one. Mill's *Logic*, Carlyle's *Past and Present*, and Herbert Spencer's *The Proper Sphere of Government* were contemporaries of the first issue of *The Economist*, as were Dickens' *Christmas Carol* and the first volume of Ruskin's *Modern Painters*. The agitation of the Anti-Corn Law League was at its height, the Banking and Currency controversy was in full blaze, and (to cite a relevant statistical fact in the manner of *The Economist* itself) the total budgetary appropriation for public elementary education in Great Britain amounted to no more than £50,000, while the upkeep of Parkhurst prison for juvenile delinquents cost at least half as much.

Modern students of monetary theory have realized that James Wilson did not fit neatly into either of the opposing schools of thought in the banking controversy, since he recognized the limitations of both and saw more clearly than most of his contemporaries the long-range significance of the measures that were proposed. It was inevitable, therefore, that the journal which he created should adopt a policy much broader than the Corn Law agitation that inspired it. So wide was its field that in June 1844 it published the whole text of "You are old, Father William" ("which for simplicity and truth cannot be outvied") in an issue that contained no reference to the money market, no foreign exchange table, and only three lines on the Stock Exchange!

Under Bagehot, and a distinguished succession of editors and staff that included F. W. Hirst, the Laytons, Hartley Withers, Palgrave, W. N. Senior, and many another

name distinguished in the annals of political economy, the paper developed traditions that have since made it famous. The essay by Graham Hutton, which appears in this volume, reviews *The Economist's* attitude toward world affairs during the century that has passed; W. T. C. King describes its growing interest in the money market, and Hargreaves Parkinson the attitude toward the Stock Exchange of a paper that was always more interested in investment than in investments. (Bagehot, as early as 1862, emphasized the need for equilibrium between saving and investment, in his discussion of the business cycle.)

It is, however, a unique feature of *The Economist* that, in addition to sound theoretical analysis of political and economic problems, it has always offered its readers factual information on which they could base an independent opinion. Irving Fisher has pointed out that the first index number of wholesale prices to be published at regular intervals appeared in the pages of this journal, and in an admirable essay by the "Industry and Trade Editor" (*The Economist* still wears the cloak of editorial anonymity) there is an account of many other "firsts" in the field of economic statistics.

No review of this volume would be complete, however, without mention of the two essays on Walter Bagehot himself—although this reviewer wonders why there is no essay to reintroduce James Wilson to a generation that has (most unfortunately) forgotten him. It could also be wished that all historians would read the essay by Sir John Clapham, appraising the importance of *The Economist* as source material for the past century, since he emphasizes the fact that, in its adherence to the basic "principles of liberty and the common interest," the paper has presented a concise and consistent picture of our civilization.

Gladstone once described *The Economist* as "the permanent Chancellor of the Exchequer." This little volume indicates how well it has discharged its function in the past, and all of those who recognize the complexity of the economic and political problems that lie ahead will wish it

more power during the century that is beginning.

F. CYRIL JAMES

McGill University

HAYNES, EVAN. *The Selection and Tenure of Judges*. Pp. xix, 308. The National Conference of Judicial Councils, 1944. No place. No price.

The idea of the judicial council grew out of a proposal contained in the Model State Constitution in 1921 and an article written about the same time by the late Justice Cardozo. The first council was established in Ohio in 1923. The movement spread rapidly, so that ten years later there were more than twenty councils; twenty years later more than thirty were in existence, although not all were active. The National Conference of Judicial Councils, a part of the general movement of interstate co-operation, was set up to provide a national clearinghouse for information on state court problems. Among the activities of this organization is the publication of its excellent Judicial Administration Series, in which the volume under review is included.

This volume was prepared for the Conference by a professor of law in the School of Jurisprudence of the University of California. Roscoe Pound contributes, as an introduction, an excellent general statement of the problem with which the book is concerned. In the several chapters, the author reviews the democratic revolution in America between 1830 and 1850, and the present state of affairs in the United States, with regard to the selection and tenure of judges. Comparative material is presented in chapters dealing with judges under the Stuarts, contemporary English judges, and judges in other foreign systems. The concluding chapters deal with the liberalism of elected judges with short terms, as compared with appointed judges with secure tenure, and with the retirement of judges, in so far as this matter relates to the quality of judicial officeholders.

The volume includes four lengthy but very valuable tables dealing with present-day constitutional and statutory provisions concerning the selection and tenure of

judges in the forty-eight states and in the Federal Government; the changes in methods of selection and tenure from 1776 to 1943, inclusive; existing provisions for the retirement of judges; and, finally, a seventy-three page compilation of proposals and classified bibliography with regard to the numerous proposed methods for the selection of judges.

The facts of the situation are clear. We started with a system of appointive judges with secure tenure. As a result of the democratic revolution of the mid-nineteenth century, we changed suddenly—and almost completely—to a system of elective judges with brief tenure. In so doing we departed radically, not only from our own past and from the English model upon which our own system was established, but also from the practices followed in democratic countries in other parts of the world. All this was done on the basis of the theory that judges elected for short terms would be more liberal and more responsive to the popular will than judges appointed for considerable terms or for life. An examination of the record shows how very wrong this view is, for the appointed judges in the Federal courts with life tenure have time and time again taken a more liberal attitude toward progressive social and economic legislation than have the highest state courts whose members are selected under opposite procedures.

The conclusions to be reached from these facts are inescapable. They are neither new nor at variance with the best previous thought on the subject. On the contrary, they serve to support, with an impressive compilation of evidence, the view long held by students and well-informed laymen alike, namely, that some kind of appointive system with reasonably secure tenure, with proper provision for retirement, is essential to (1) the securing of judges of high caliber, intellectually and from the point of view of character; and (2) the proper application, interpretation, and development of the law.

The fallacy of the system of electing judges for short terms lies largely in the assumption that it is the business of judges not so much to administer the law uniformly and impartially, in accordance with

their best knowledge and wisdom, as to shape their decisions to conform with the current popular whim. This does not mean that, in the long view, the trend of legal development should not conform to well-considered views and decisions as to social and economic policy, but it does mean that no sound legal development is possible where judges have one eye on the probable public reaction to their decisions and the other on the approaching electoral campaign.

Professor Haynes and the Conference have rendered a distinct service in making available this compilation of factual data, together with a clear and convincing analysis of what it all means. The pity is that this study will probably never reach the individuals who need it most—people like the octogenarian editor in the Constitutional Revision Commission in Pennsylvania in 1935, who, speaking to a proposal for an appointed judiciary, exclaimed, his voice quivering with emotion, "The people of Pennsylvania like to elect their judges, as they have done in this Commonwealth for close to 100 years."

W. BROOKE GRAVES

Philadelphia Federal Council
of Personnel Administration

BEVERIDGE, WILLIAM H. *Full Employment in a Free Society*. Pp. 429. New York: W. W. Norton & Co., Inc., 1945. \$3.75.

This outstanding, complex work conglomerates an encyclopedia of economic policy, a political program of action, and a monograph on theory practice and philosophy of full employment. At the same time it offers new theories of cyclical fluctuations highly important "to all countries which desire to preserve free institutions" by preventing insecurity endemic in the world "ever since industry began to take its modern and more productive form." This book will be read, studied, and quoted more than almost all other publications of our time for decades to come.

Beveridge's previous two books, reviewed in *THE ANNALS* 1943 March and November editions, pages 186 and 222 respectively, are a kind of introduction to his most recent program, based on the experi-

ence of war. Still more than his *Pillars of Security*, this work contains "a diagonal between Continental social politics and American individual capitalism." In his report on *Social Insurance and Allied Services* Beveridge set out a "Plan" to abolish want "by comprehensive unified social insurance," a plan not at all completely new inside Europe. Much more difficult and quite "a different task" is what he now promotes: "Prevention of idleness enforced by mass unemployment." To realize such a Herculean job no "Plan" is sufficient, no detailed legislation is needed or useful, but a "Policy" is needed. "It involves one large decision of principle—acceptance by the State of a new responsibility to the individual—and the setting up of an agency of the State with the powers adequate for the discharge of that responsibility." A national budget and a Minister of National Finance are some of the prerequisites asked for. Extreme confidence is needed in the pilot who must have "the necessary controls, and an instrument board to tell him when and how to use the controls . . . during the unpredictable currents and forces of the navigation." All experience in peace has shown—such is the leading axiom of the author—that a sufficiently strong and permanent demand for labor cannot be produced by "the desire of men who are already above want to increase their profits by investment." So the experience of war which has shown the possibility "to have a human society in which every man has value and the opportunity for service" must be prolonged. That means "motive power and direction of economic activity not by private interest but by collective determined pursuit of a common good."

Such "total war against unemployment"—so Beveridge hopes and believes—will be victorious without socialism "in the sense of the nationalization of the means of production, distribution and exchange." Acceptance of responsibility for full employment "is the final necessary demonstration that the State exists for the citizens—for all the citizens—and not for itself or for a privileged class." None of the "essential British liberties" need be abolished. The essence of British democracy, constitution,

and government, and of British public service, "central and local, second to none in the world for efficiency, integrity and devotion to duty," consists in the fact that Britain "sooner and easier than any other large nation" has the possibility of winning full employment for the British people "while remaining free." The war, which demands more and stronger controls than planning in peacetime ever needs, has not been able to destroy democracy. This proves that democracy and planning are not conflicting, the less so as planning in peacetime will consist not of prohibitions but of inducements.

There is much probability that Beveridge's essential ideas will be realized in Britain. It remains to be seen whether and where else something similar will be brought about by spreading the axiom: "If full employment is not won and kept, no liberties are secure, for to many they will not seem worth while."

ALFRED MANES

Indiana University

ARNOLD, SAM. *Planned Dovetailing of Seasonal Employment*. Pp. xiii, 51. Columbus, Ohio: Ohio State University, 1944. \$1.00.

In *Planned Dovetailing of Seasonal Employment*, Sam Arnold has provided a very useful working tool for those industries interested in stabilizing employment.

Long recognized and practiced as one of the measures for regularizing seasonal employment, dovetailing of employment between firms with complementary seasonal peaks of employment has never before been analyzed quantitatively to determine the extent of its potential usefulness. Other studies of means of regularizing seasonal employment have been content to present illustrations of successful dovetailing practices such as Arnold lists in his first chapter. The reader has hitherto been left to his own speculation as to the extent of such practices and their potentialities. Arnold gives us a workable analysis of the possibilities of such a planned program of dovetailing in the large and diversified industrial center of Cuyahoga County, Ohio (Cleveland).

It is clear from the excellent tables and

graphs presented that in a diversified industrial area there is considerable range for planned dovetailing. It is not clear, however, that such will take place. It would be very helpful to know two things about the industrial groups analyzed in this study: (1) To what extent have these establishments attempted the practice of dovetailing employment in the past? (2) Have the results of this analysis been presented to the industries involved, and with what results? No doubt the second question will eventually be answered, and we should then begin to know just how useful a tool we have in planned dovetailing.

It is realized that this study presents the general statistical approach which might be employed in planning a program of dovetailing, and does it very well. Bearing in mind, however, that the potential user of this study is industrial management, it would seem desirable to present the summary of the material in somewhat more popular format in Part I of the report—illustrated by the charts—reserving for Part II the technical description of statistical method and the tables which may become the points of reference for the individual who has decided to test out the possibilities of dovetailing employment in his own industry. It is important to convince the potential user of the value of the tool before you show him how to use it.

This is an important study and it should point the way to further analysis of the practical value of planned dovetailing as a means of regularizing seasonal employment.

WILLIAM H. STEAD

Vanderbilt University

LAHNE, HERBERT J. *The Cotton Mill Worker*. Pp. xiii, 303. New York: Farrar & Rinehart, Inc., 1944. \$3.00.

In telling the story of the cotton mill workers in the present century, Dr. Lahne fills a gap in the industry's annals. From the voluminous literature on cotton manufacturing, from conversations with cotton mill executives and labor leaders, and from his investigations in the field, the author has produced an integrated account of the labor force ("the immigrants who poured into the New England mills, . . . the individualistic Southern farmer who overnight

found himself part of the factory machine. . . . the women and children who toiled to make the family ends meet"), of hours and earnings, of employment, and of the many attempts of the unions "to take labor exploitation out of the competitive picture of the industry."

The book is authoritative, intelligently organized, and attractively written. The author has completely summarized the complex background of the worker in America's oldest factory industry, and has set forth the main currents and meaningful details of labor organization in the cotton mill.

In their efforts to organize all the operatives, the textile unions have reproduced in miniature the history of the labor movement as a whole in the United States. Until recent years, labor organization involved the skilled hands and failed to reach the masses of unskilled and semi-skilled. Unionism had to cope with the complexity of the industry; the large numbers of women and children; the racial heterogeneity of the workers in New England and the rural background of the workers and the lack of union tradition in the South; the immigrant laborer and his use in strikebreaking; the unskilled and their easy replacement; the internecine struggles. To these obstacles must be added the strength of the employers, both individually and through their associations, who met the unions with most of the tactics that have been made familiar by the La Follette investigation.

During the past decade the CIO has made progress, but unionism is still confronted by "barriers of poverty, employer hostility, mill-owned villages, local government support of the mill owners, the threat of K.K.K. activity . . . and the opposition of itinerant preachers." Whether labor organization will be able to break through these barriers and organize a substantial proportion of the workers remains to be seen. The author believes that organization of the South is the key to organization in the entire industry, not only because most of the industry is centered there, but also because conquest of this traditionally nonunion area would be of great psychological advantage in unionization elsewhere.

Dr. Lahne recognizes that the future of the cotton mill worker cannot be assured by unionization and union strategy alone. It is moored to the indexes of general employment and unemployment, to wage levels, and ultimately to world prosperity. "The industry," he says, "does not produce more than people *need*—it produces more than they can afford to buy." He points up the great difference between these two aspects of the industry's position with a striking example, viz.: in 1935, in connection with two items of everyday use, mills of this country produced enough shirtings for only three shirts per adult male per year and enough sheetings for only one sheet per family per year! Obviously, sixty million jobs or, at the minimum, any measures which would enable the lower income groups to buy more of the cotton products which they need would mean expansion of output and certainly a happier lot for the cotton mill worker.

MYRON L. HOCH

The College of the City of New York

GAER, JOSEPH. *The First Round: The Story of the CIO Political Action Committee*. Pp. xv, 478. New York: Duell, Sloan and Pearce, 1944. \$2.50.

Only twenty-eight million people voted in 1942. An additional twenty million participated in 1944. Joseph Gaer's *The First Round, the Story of the CIO Political Action Committee*, strengthens the opinion that considerable credit for the large vote in 1944 belongs to PAC. Philip Murray's statement to the annual convention of the Congress of Industrial Organizations in November 1943 explains the circumstances under which the Executive Board established its Political Action Committee.

The excellent statement of Sidney Hillman to the Special Committee on Campaign Expenditures of the House of Representatives on August 28, 1944, reprinted in full in this volume, describes the remarkable record of accomplishment to that date. The Hillman statement was designed also to answer some of the bitter attacks upon the committee, nor does it omit an explanation of the sources of the committee's funds. The committee claims

that when still very young, it helped to eliminate in the primaries certain isolationist and antilabor people, and in the final elections it helped to defeat a number of isolationist and reactionary members of Congress. Furthermore its emphasis upon a large registered vote made the election of Roosevelt and Truman more certain. "The Bigger the Vote, the Better the Government." In a chapter entitled "Victory—but not Winged Victory," the author states: "However, labor and the people, and the enemies of the people, too, know now that given time to educate its membership, to avoid the mistakes made in 1944, to mend its fences within the labor ranks, to invite more and more liberals outside labor in the struggle against reaction, PAC can score great victories in the coming years."

The book is particularly useful because of its detailed and clear picture of how this committee operated through its national office, its fourteen regional offices, and its contacts with other affiliated and unaffiliated organizations. A fuller and perhaps franker discussion of its relations with the local party organizations and with the American Labor Party, and its activities in the Democratic National Convention would have been helpful.

Included in the body of this volume are eleven of the pamphlets distributed by the PAC. It is not difficult to understand why this literature proved effective and aroused such enthusiastic comment. The literature of the PAC indicates successful recruitment of talented assistants. The arguments are set down simply and directly, relieved by instructive and often amusing sketches. The pamphlet *The Negro in 1944*, full of praise for Negro contributions and direct in setting down the Negro problem in America, should have gone a long way in winning the co-operation and support of this minority group for the PAC program. A tabulation of PAC publications shows that over 85 million pieces of literature were distributed including pamphlets, leaflets, posters, and a number of miscellaneous items.

The author gives only a sketchy outline of the National Citizens Political Action Committee established during the summer

of 1944 under the honorary chairmanship of George W. Norris. Nor is it surprising that this National Citizens Committee worked in close co-operation with the CIO-PAC, since their general objectives were similar and both committees functioned under the chairmanship of Sidney Hillman. The list of members of the National Citizens Committee "reads like a recital of the most distinguished progressive and creative forces in the United States. . . . Yet it was not long before America was told that these people were a terrible collection of subversives and a disgrace to the nation."

Whether CIO-PAC and NC-PAC will continue as two committees or one consolidated organization is not certain, but the author is convinced that PAC will continue. These two committees "have done a magnificent job in the battle for democracy. But there are still many rounds to come. For, obviously, what has been won so far is just the first round."

This volume is a valuable contribution to the literature of labor in politics despite the fact that its author, a member of PAC, writes with the enthusiasm and the absence of complete objectivity that one associates with an ardent advocate. For it was a newspaperman who said as he watched members of this committee at work: "This isn't a committee—this is a crusade."

BELLE ZELLER

Brooklyn College

ORTEGA y GASSET, JOSÉ (Howard Lee Norstrand, Translator). *Mission of the University*. Pp. 103. Princeton: Princeton University Press, 1944. \$2.00.

This is a shocking book, and no university president can approve it. It proposes to turn the university upside down, a process which must be unwelcome to the constituencies which university presidents serve. By the revolutionary procedure of asking what the purpose of the university is, Ortega reaches the conclusion that everything it is doing should be changed or eliminated, its spirit altered, and its idols smashed. The university, instead of being a tropical underbrush of professional subject matters and a miscellaneous collection of investigations, should be a place for the

education of the ordinary man. Hence research is removed to the periphery, professional instruction is rigorously pruned, and the central activity of the university becomes the transmission of culture.

The only consolation which an American university president can derive from this book is the knowledge that the disease from which the American university is dying is an international epidemic and not an infection localized in the United States. Ortega does not mention America; but he shows that the universities of Germany and England suffer from the same disorder as those of Spain—and we can see that those of Spain differ from ours only in that ours are richer and more feverish, and hence have been able to go much farther and faster in the wrong direction than those of Spain.

Educational discussion in the United States has had a peculiarly negative quality. Many voices have been raised to point out the obvious evils in American education—its confusion, its superficiality, and its baseness. Most of them have stopped there, and when they have not, they have been themselves the objects of attack; for the criticism of American education has been conducted by those who have a vested interest in it and who, though they like to complain, will tolerate no important change in their own practices and ideals. Ortega rises above such disabilities and does not shrink from the constructive task of laying down an affirmative program free from the defects of that which he assails. If university presidents could rise above their disabilities, too; if they could ask themselves what a university should be, instead of asking what their professors, alumni, and trustees, would stand for; if they could forget the slogans, clichés, pretensions, and sacred cows among which and by which they are forced to administer their institutions, they would admit that Ortega has shown us a vision toward which we should strive.

The vision is this: "In the thick of life's urgencies and its passions, the University must assert itself as a major 'spiritual power,' . . . standing for serenity in the midst of frenzy, for seriousness and the grasp of intellect in the face of frivolity and unashamed stupidity. Then the uni-

versity, once again, will come to be what it was in its grand hour: an uplifting principle in the history of the western world."

The affirmative program by which this vision is to be realized is:

"1. University, in the strict sense, is to mean that institution which teaches the ordinary student to be a cultured person and a good member of a profession.

"2. The university will not tolerate in its program any false pretense: it will profess to require of the student only what actually can be required of him.

"3. It will consequently avoid causing the ordinary student to waste part of his time in pretending that he is going to be a scientist. To this end, scientific investigation proper is to be eliminated from the core or minimum of the university.

"4. The cultural disciplines and the professional studies will be offered in a rationalized form based on the best pedagogy—systematic, synthetic, and complete—and not in the form which science would prefer, if it were left to itself: special problems, 'samples' of science, and experimentation.

"5. The selection of professors will depend not on their rank as investigators but on their talent for synthesis and their gift for teaching.

"6. When the student's apprenticeship has been reduced to the minimum both quantitatively and qualitatively, the university will be inflexible in its requirement of him."

The curriculum which this program calls for is: "the great cultural disciplines, namely:

"1. The physical scheme of the world (Physics).

2. The fundamental themes of organic life (Biology).

3. The historical process of the human species (History).

4. The structure and functioning of social life (Sociology).

5. The plan of the universe (Philosophy)."

What is wrong with this program and this curriculum? There is first the question of organization. Ortega believes in higher education for all; for the profession of governing is now practiced by all classes

in the community, and the university must train them for this profession. "Hence it is imperative to set up once more, in the university, the teaching of the culture, the system of vital ideas, which the age has attained. This is the basic function of the university. This is what the university must be, above all else."

But is it necessary or desirable that all our governors shall go through the university? Those who are to become lawyers, doctors, and teachers, in addition to governors, certainly must. They must follow the curriculum which Ortega prescribes, and in addition, law, medicine, and whatever teachers are expected to learn. But the curriculum is one for every citizen, and every citizen should be able to achieve it by the end of what is called in this country the sophomore year. The curriculum is, in short, a collegiate, rather than a university, course of study. Those who must, the lawyers and doctors, for example, and those who can, those, that is, who are interested and qualified for independent, intellectual effort, should go on into the university. But the specific task of the college should be training for citizenship, or what Ortega calls the profession of governing.

Then there is the question of what a profession is. To Ortega, a profession is a vocation which society needs. Since society needs druggists, among other things, it is proper for the university to train druggists, as long as it makes them cultured men and reduces training in pharmacy within the most economical limits. But it is precisely this attitude that has given us the fabulous profusion of professional studies which Ortega deplures. Society needs every occupational group, more or less. By this criterion, training for every occupation can force its way into the university.

There is no reason why the community should support training for a given occupation unless that occupation contributes directly to the common good, rather than to the private profit of those who follow it. And it is fatal for the university to try to teach a calling unless that calling has a content which the university can teach, that is, unless it has an intellectual discipline of

its own. There are probably not more than four or five vocations which meet both of these requirements.

But these are details. How can we dissent on major points like this: "The contemporary university has developed the mere seed of professional instruction into an enormous activity; it has added the function of research; and it has abandoned almost entirely the teaching or transmission of culture. It is evident that the change has been pernicious. Europe today is taking its sinister consequences. The convulsive situation in Europe at the present moment is due to the fact that the average Englishman, the average Frenchman, the average German are *uncultured*: they are ignorant of the essential system of ideas concerning the world and man, which belong to our time. . . . This new barbarian is above all the professional man, more learned than ever before, but at the same time more uncultured—the engineer, the physician, the lawyer, the scientist."

Or this: "Civilization has had to await the beginning of the twentieth century, to see the astounding spectacle of how brutal, how stupid, and yet how aggressive is the man learned in one thing and fundamentally ignorant of all else."

Can we fail to agree that it is imperative to distinguish science, culture, and learned profession, and, if we agree, can we dispute the proposition that "the trend toward a university dominated by 'inquiry' has been disastrous. It has led to the elimination of the prime concern: culture. It has deflected attention from the problem of how best to train future professionals for their professions."

It will be said that the author is anti-scientific, but nothing could be farther from the truth. No book in our time contains higher praise of science; no book insists more often or more strongly on the absolutely essential role of science in education. This is natural; for if "culture is the system of vital ideas which the age possesses; better yet, it is the system of ideas by which the age lives"; and if this is the scientific age par excellence, it must follow that scientific ideas are the core of the culture which is central in Ortega's educational program.

What Ortega does is to distinguish among science, culture, and the learned profession and to determine the proper role of each within the university, conceiving the university as an educational institution for the ordinary man. In a university so conceived and so dedicated, science, which is exclusively investigation, *must* be on the periphery. "Around the central part of the university, the sciences must pitch their camps—their laboratories and seminars and discussion centers. The sciences are the soil out of which the higher learning grows and from which it draws its sustenance. Accordingly its roots must reach out to the laboratories of every sort and tap them for the nourishment they can provide. All normal university students will come and go between the University and these outlying camps of the sciences, where they will find courses conceived from an exclusively scientific point of view, on all things human and divine. Of the professors, those who are more amply gifted will be investigators as well, and the others, who are purely teachers, will work none the less in closest contact with science, under its criticism and the influence of its ferment and stimulation. What is inadmissible is the confusion of the central portion of the university with the zone of research surrounding its borders."

The most distressing aspect of American education is its irresponsibility, its lack of seriousness. We need not stop with such obvious manifestations as intercollegiate football. From one end to the other of American education the system is preoccupied with the insignificant. So fundamental a matter as academic freedom, for example, is never discussed except in terms of the professor's claims upon society, until it sometimes seems as though the American Association of University Professors were about to degenerate into a third-rate imitation of the United Mine Workers. Ortega recalls us to the true task of the university. He points out that the only "spiritual power" in the world today is the press, in which I suppose he would include Hollywood. He says that it is a question of life and death for Europe to put this ridiculous situation to rights. His book was written in 1936, and every-

thing that has happened since confirms his view of the nature and dimensions of the crisis. Some spiritual power must arise which can guide human life and symbolize the highest aspirations of mankind. This is the destiny of the university.

ROBERT M. HUTCHINS

University of Chicago

LINTON, RALPH (Ed.) *The Science of Man in the World Crisis*. Pp. xiv, 532. New York: Columbia University Press, 1945. \$4.00.

The Preface opens with the sentence: "The present crisis in world affairs has resulted in a flood of books"; the introductory chapter, with the sentence: "The present period is the first in the world's history in which men have turned to science for aid rather than to the supernatural"; and the concluding sentence in the book, on page 529, is: "The millennium, however, is not at hand." Between the second of these opening sentences and the concluding statement is much room for turning to science, and much which suggests, if only by implication, that "the millennium . . . is not at hand."

As must be expected when twenty-two authors from, in many instances, very diverse fields make their respective contributions, there is much variety in theme and much divergence in treatment. There are chapters from which one would not subtract or detract one iota; some which certainly would gain in clarity and force if each ten pages were compressed into one page; in some, the material is almost entirely factual; in some, scarcely a cited fact, even by way of illustration, mars the beauty of the discourse; in some, a book has been written in a few pages; in some, pages have been written and, to this reviewer, it is not clear about what; some discard the factual for the proclaimed fictitious and, not content with chasing one Jack Robinson around one barn, invent a few barns and a few Jack Robinsons and have each chasing the other until the reader puzzles over who is after whom and where and why. Nobody, I am sure, envies an editor. The only solution to his difficulties seems to be to take out a life insurance policy, invest in a big blue pencil, and wear out the pencil. He

will have no friends left among the contributors, but he will gain many friends among his readers.

The topics treated at greatest length are race, culture, and acculturation. The titles of chapters and the contributors are: The Scope and Aims of Anthropology, Ralph Linton; Society and Biological Man, H. L. Shapiro; The Concept of Race, Wilton Marion Krogman; Racial Psychology, Otto Klineberg; The Concept of Culture, Clyde Kluckholm and William H. Kelly; The Concept of Basic Personality Structure as an Operational Tool in the Social Sciences, Abram Kardiner; The Common Denominator of Cultures, George Peter Murdock; The Processes of Cultural Change, Melville J. Herskovits; Sociopsychological Aspects of Acculturation, A. Irving Hallowell; Present World Conditions in Cultural Perspective, Ralph Linton; The Present State of World Resources, Howard A. Meyerhoff; Population Problems, Karl Sax; The Changing American Indian, Julian H. Steward; The Colonial Crisis and the Future, Raymond Kennedy; The Problem of Minority Groups, Louis Wirth; Applied Anthropology in Colonial Administration, Felix M. Keesing; Some Considerations of Indianist Policy, Manuel Gamio; Techniques of Community Study and Analysis as Applied to Modern Civilized Societies, Carl C. Taylor; The Acquisition of New Social Habits, John Dollard; Communications Research and International Cooperation, Paul F. Lazarsfeld and Genevieve Knupfer; Nationalism, Internationalism, and the War, Grayson Kirk.

WILSON D. WALLIS

University of Minnesota

LEFLEY, RAY. *Verifiability of Value*. Pp. ix, 267. New York: Columbia University Press, 1944. \$3.50.

To one who has dealt realistically for the past quarter-century with the general subject matter of this volume, the development of the material in the book is puzzling, to say the least. The question at issue is avowedly: Are values verifiable? The approach is "scientific in aim and spirit." The argument seems to be that here and there in value discussions the scientific approach is in evidence, although

often "more implicit than explicit," and that we need more of the scientific point of view, especially in social matters. For the future, it is stated, we should achieve less "authoritarianism," more and better "experimentation" in social affairs, less "traditional thinking" or "muddling through," a higher degree of control and prediction "in all our quests," and a greater unification of human interests at the same time that they "continue to expand and become more diversified" (pp. 239-54).

While it does not seem to be made clear how this greater unification within increasing diversity might be brought about, the rest of the argument and hope for the future would appear self-evident to most informed students, especially in democratic America. What, then, is the contribution of this book? Does it lie in the answer to the question, Are values verifiable? They are, says the author, in the sense that everything is "experimentally" verifiable. The scientific approach, in short, can be extended to cover "values" as well as physical facts (pp. 220, 225, 238).

But, here again, no informed student will disagree. Hence one continues to be puzzled.

A more detailed examination of the book suggests that the author either has not fully digested some of the most significant contributions of the past quarter-century or has completely missed them—and this despite his extensive bibliography and quotations. He refers to a number of authorities but his attitude toward them—with the possible exception of Professor John Dewey—seems to be that they have made some contributions but that on the whole they have not quite hit the mark of the "true" experimental method or the "true" scientific spirit. Again, in emphasizing "the final source of the present urgency concerning the problem of verification" of values, the author points to "the contrast between the certainties of science and technology, on the one hand, and the uncertainties of human goals and policies, on the other." Possibly the author has not read James Harvey Robinson's *Mind in the Making*, which dealt with this particular theme nearly twenty-five years ago and

which exercised a profound influence on social theory and on scientific thinking as applied to social problems. The present reviewer also dealt with this theme in his *Seven Seals of Science*, first published in 1927 and appearing in a second edition in 1937.

On the whole the author does not seem to have progressed much beyond a naïve "instrumentalism" or "operationalism." With much labor he traverses ground that has long since been much more thoroughly and interestingly covered by others.

In order to ascertain what the author means by "truly" experimental and scientific, one must do some diligent digging. By doing this, one may also glean something of value about the quantitative versus the qualitative, the descriptive versus the normative, the factual versus the creative, the objective versus the subjective, and the like—on condition, however, that he learn a new jargon. He must hold in mind, if he can, the special meanings attached by the author to values (1), (2), and (3); experimental (1) through (4); subjective and objective (1) through (6); and so on. The following is illustrative: "If 'verification (1)' may be used to include both kinds of testing, 'verification (2)' to denote factual (4) testing, and 'verification (3)' creative (4) testing, then 'verifiability (1),' 'verifiability (2),' and 'verifiability (3)' will refer to the possibility of performing tests of the corresponding inclusiveness and kinds" (p. 165). Various things then follow! But, without constant thumbing back for meanings, one soon becomes lost or discouraged. The addition of a glossary might have helped. In any event, the painful pedantry of such writing will doubtless not have a wide appeal even to specialists in the field of value theory.

JOSEPH MAYER

Washington, D. C.

KELSEN, HANS. *Society and Nature: A Sociological Inquiry*. Pp. viii, 391. Chicago: The University of Chicago Press, 1943. \$4.00.

Hans Kelsen has long been recognized as an authoritative pioneer in jurisprudence. Not confined by the conventional metes and bounds of social science spe-

cialisms, his work has cross-fertilized a variety of closely related fields of inquiry. In this most recent book, Kelsen ventures into yet another area: a sociological examination of the sources, development, and social basis of the idea of causality. Its title refers to the dualism which pervades current conceptions of the world—nature as the sphere in which causality operates, and society as the realm governed by normative controls.

Kelsen views his account as a contribution to intellectual history. In point of fact, the emphases accorded the several parts of the book indicate that it is largely an effort to set forth and codify the conceptions of nature prevalent in nonliterate societies. More than two-thirds of the book is devoted to an intensive examination of ethnographic materials; something less than a quarter to ancient Greek ideas of causality and retribution; and a scant eighteen pages to causality in modern natural and social science.

In substance, Kelsen maintains that "the" primitive has no conception of cause. "The" primitive interprets nature in terms of social norms, notably the norms of retribution. Nature is assimilated to society and dualism is thus avoided. "The" primitive exhibits a cluster of mental characteristics: "he" has a weakly developed interest in cognition; interprets events in terms of rewards or punishments; lacks ego-consciousness and individuality, hence remaining incorrigibly traditionalistic ("the individual is nothing but a member of his group"); manifests a substantializing or reifying tendency in his thought; cannot entertain such abstract concepts as that of time; and indulges in personalistic thinking by attributing phenomena to a fictitious person. "He interprets his environment in terms of social categories" and, especially in totemistic societies, it is the social structure that provides the rubrics for interpreting the entire cosmos.

The principle of the retributive distribution of rewards and punishments orients primitive men toward every aspect of the world in which they live: not only toward their fellows but toward their gods, toward environing plants and animals, experiences of death and illness, all manner

of misfortunes, vagaries of the weather, and so forth. So, too, the theme of retribution weaves through aboriginal myth.

It is only with the Greeks that the principle of retribution was transformed into the law of causality. Particularly among the Sophists and the atomists, the conception of a state order and of a natural order was purified of any element of theodicy, retribution, moral norms. And in the modern era, it is with Hume that the concept of causation becomes purely epistemological rather than a matter of existential connectives. Causal necessities are imputed, they are not ontologically real. Society and nature are twain. Latter-day science has initiated a reconvergence of the two by conceiving society as a part of nature.

Kelsen's volume contains so much that is good—notably the detailed exposition of the social dimensions of the notion of cause—that it is all the more regrettable to find so much in it that is bad. His patchwork use of ethnographic materials is reminiscent of nineteenth-century anthropology in its undisciplined phase. He achieves apparent cogency through dubious selection. He does not marshal facts, he dragoons them. His insistent stereotyping of "the" primitive in which significant differences between nonliterate peoples are slurred over in the interest of generalization; his would-be persuasive but unconvincing denials of the conclusions of such contemporary fieldworkers as Thurnwald and Malinowski; his indiscriminating use of source materials in which Spencer and Bastian are accorded the same authoritative status as rigorous fieldworkers today; his massing of instances which do not measure up to current standards of ethnographic documentation—all this seriously limits the value of his enterprise.

If we do not mistake the part for the whole, if we separate the cases in point from the pointless cases, then Kelsen's subtlety of interpretation and occasional insight serve to make clear to the sociologist of knowledge how the social notions of retribution and guilt were imported into the world of nature as conceived in certain nonliterate societies. In short, this work is valuable for the prudent and informed

reader. By the same token, it is repeatedly misleading for the indiscriminating and unschooled reader who may turn to it for authoritative judgments.

ROBERT K. MERTON

Columbia University

GREENWOOD, ERNEST. *Experimental Sociology*. Pp. xiii, 163. New York: King's Crown Press, 1945. \$2.25.

After introducing the reader to the problems of experimental sociology, the author examines the logical basis of the ex post facto experiment. To give this experimental design its setting, current conceptions of the nature of the experimental method are elaborated: (1) the pure experiment, (2) the uncontrolled experiment, (3) the ex post facto experiment, and (4) the trial and error experiment. This leads to the formulation of a suggested definition of experimental method which follows upon an examination of Mill's famous canons. Specific studies that illustrate the ex post facto experiment are then analyzed. A typology of sociological experimentation is next presented and illustrated by specific experiments under four groupings: (1) projected successional experiments, (2) projected simultaneous experiments, (3) ex post facto cause-to-effect experiments, and (4) ex post facto effect-to-cause experiments. The techniques and problems of control are carefully and critically examined in the light of the literature of sociological experiments. The last chapters are devoted to a thoroughgoing and useful appraisal of the two forms of the ex post facto experiment with consideration of the problems of shrinkage due to precision control and due to matching.

The author has performed a real service in reconciling and equating different terminologies so that the basic logic of experimental method is revealed and clearly stated. The author and his Columbia University sponsors are to be congratulated in planning and making available in published form this valuable summary analysis of the literature consisting of seven and one-half pages of Bibliography. The Index of nine pages is carefully cross-referenced and serves as an excellent finding device. The author is to be commended for his brevity

of presentation, for his accuracy in factual detail, for the fairness of his appraisals, and for the consistency of his logical analysis. His typology of sociological experiments contributes a needed emphasis in the better understanding of a somewhat abstruse and complicated field of method, and the absence of formal mathematical-statistical analysis will make the book accessible to readers who are not technically proficient in this highly specialized field. This little volume will be a useful addition to the library of all research sociologists.

F. STUART CHAPIN

University of Minnesota

SIGERIST, HENRY E. *Civilization and Disease*. Pp. xi, 255. Ithaca, N. Y.: Cornell University Press, 1943. \$3.75.

The chapters of this book are an extension of six Messenger Lectures on the Evolution of Civilization delivered at Cornell University in 1940-41 by Dr. Sigerist, who is William H. Welch Professor of the History of Medicine at Johns Hopkins University. The author has not prepared a unified, systematic, and definitive treatise designed for specialists, but rather a popular series of discourses on the relations of disease to economics, social life, law, history, religion, philosophy, science, literature, art, and music. He has sketched a very broad intriguing canvas that students in each field will be stimulated to supplement and to detail. Dr. Sigerist is one of the most seminal minds in American academic life, and while scholars will find his discussions of their specialties fragmentary, and may differ from some of his interpretations, they will find the social and humanistic insights of the author richly provocative and rewarding. It can truly be said that nothing human is alien to him, and his learning is seasoned with sagacity and leavened with originality. His book is crammed with a miscellany of absorbingly interesting data presented with an engaging, casual informality totally devoid of pedantry. He displays not merely his wide knowledge but wisdom ripened by cosmopolitan experience and deepened by an identification with the welfare of mankind. He has transcended the dead lines between the conventional academic disciplines, and

has integrated their findings, however loosely, into a grand pattern of universal history in which the experience of all peoples and the contributions of all areas of knowledge are considered relevant. This approach to the history of medicine and civilization merits acclaim and offers an ideal for other scholars to emulate.

BERNHARD J. STERN

Columbia University

RAPER, ARTHUR F. *Tenants of the Almighty*. Pp. xii, 403. New York: The Macmillan Co., 1943. \$3.50.

Arthur Raper writes of Greene County, Georgia, as of an old friend. He first made its acquaintance in 1927 when he was asked by Dr. W. W. Alexander, then director of the Commission on Interracial Co-operation, to try to learn why certain Georgia counties were losing their rural population at such a rapid rate. For purposes of comparison, two counties were studied: Greene County, which was in the area of greatest loss of population, and Macon County, where the loss had been negligible. In 1934 and 1935 Alexander again sent Raper to Green and Macon Counties to take stock of recent developments; and the findings of this second study, together with a summary of the earlier one, were published by the University of North Carolina Press under the title *Preface to Peasantry*. Greene County was selected by the Farm Security Administration as the scene for an experimental Unified Farm Program in which national, state, and local agencies would co-operate in developing a program for the whole county designed to meet some of the problems created by the breakdown of the cotton economy of the region and the depletion of the soil. In 1940 Raper went again to Greene County, this time to "take a ten months' look" at the Unified Farm Program. His stay lengthened to two years, and the study of the program broadened and deepened into a full study of the history and development of the county and its people from the coming of the Indians to the coming of the FSA.

In brief, *Tenants of the Almighty* is a sociologist's account of growth, decay, and recent changes in a southern rural area.

But Raper's firsthand acquaintance with Greene County farmers, storekeepers, teachers, and doctors, and his ability to "look deep, think straight and write plain" make this book much more than a sociological study. Statistics of white and Negro population, of taxes paid, of cotton harvested, of slaves owned, of births, deaths, and migrations take on meaning in terms of individual human lives. Present conditions and attitudes become more understandable in the light of the past events and relationships which shaped them. Physical changes as well as historical ones are vividly pictured from the beginnings of cultivation by two successive groups of Indians, through the indigo and tobacco patches of the early white settlers, down to the slave and cotton economy which survived slavery itself, and whose disintegration has brought debt and insecurity to the people of the county, both white and black.

The latter half of the book presents in greater detail the story of the Unified Farm Program, its hoped-for objectives, the changes it has made in the lives of the people, the physical and human problems with which it has had to deal, its successes, and its limitations. If postwar conditions make it possible to continue this program, it may actually prove to be the beginning of a new cycle for Greene County in which family-sized farms and diversified crops restore the productivity of the area and the initiative of its people.

The preparation of this book was much more than a scholarly or literary task, although it called for both scholarship and literary ability. It became something of a community project. Citizens of Greene County, white and Negro, contributed their memories and family anecdotes and relics. The County Historian opened his files. The Greensboro *Herald-Journal* carried the study, as it progressed, in weekly installments so that the county people had an opportunity to understand themselves and their region better and to contribute their own stock of information and ideas. The splendid photographs which illustrate the summary at the beginning of the book are no more real or vivid than the many interviews, life histories, long-treasured let-

ters, and news items which bring life to every page of the more detailed story.

It seems possible that such a study may itself be an instrument of social change, revealing the people of the area to one another not only as products of what has gone before, but as individuals struggling with difficulties created not by their own racial or personal characteristics but by the pressure of historical and natural forces. Such a new point of view might be the starting point of a will to work together in some such framework as the Unified Farm Program for a solution of the problems common to all who live and work in the area.

CHARLES S. JOHNSON

Fisk University

EARHART, MARY. *Frances Willard: From Prayers to Politics*. Pp. x, 417. Chicago: University of Chicago Press, 1944. \$3.75.

Mary Earhart's biography represents an earnest and competent effort to rescue an extraordinary woman from her idolaters. Frances Willard is chiefly remembered as the masterful leader of the army of white-ribboned ladies who ultimately succeeded in inducing the American public to try the "noble experiment." The merit of this volume lies in its convincing demonstration that she was far more deeply concerned with the political and economic emancipation of women than she was with temperance, and that her sympathies embraced the entire progressive movement. It appears, further, that she knew precisely what she was doing when she used the respectable cause of temperance and the conservative medium of the Protestant churches to effect her more distant goals. Professional mobilizers of opinion should ponder her adroit techniques.

Frances Willard was the product of a pioneer environment. Born in western New York in 1839, her formative years were spent in the Wisconsin wilderness. Loneliness and frustration marked her girlhood, and the anguished striving for an education laid the groundwork for her restless and often melancholy life. Physically frail, she possessed a toughness and resilience which carried her through many

a stormy crisis. The first thirty years of her life afford a complex pattern of repressions and thwarted aspirations. She approached her life work by fits and starts. The astonishing fusion of emotional and intellectual power which characterized her mature phase was slow in coming.

Miss Earhart ably portrays the vast talent Frances Willard possessed for practical politics. Her basic skill was an astute use of the means nearest at hand. She understood the galling discontent and sense of frustration working like a ferment among the members of her own sex, particularly in the Middle West, and beguiled it to her own uses. She saw the power locked up in the nascent labor movement and used that, too. She fought for coeducation, for adult education, for public welfare. She even tried to persuade her ladies to embrace Fabian Socialism. Her courage was a match for her breadth of sympathy.

It is regrettable that Miss Earhart does not more convincingly portray Frances Willard's reputed charm and magnetism. Her power to bewitch an audience was renowned. So was her ability to make her ideas prevail in an executive committee. These are admittedly difficult qualities to communicate in an objective biography.

The temptation to motivate Frances Willard's career on the basis of her lifelong duel with Charles Fowler, her onetime fiancé, must have been very great. As President of Northwestern, and later as a Bishop of the Methodist Church, Charles Fowler dealt Frances Willard many severe blows. The biographer dutifully reports each round of the duel, but permits the drama to remain implicit and misses an excellent key to much of Frances Willard's behavior.

Long before her death in 1898 Frances Willard's name had become a household legend. Her fame continued to grow after her death as she became canonized in the female portion of the public mind. In 1905 Illinois, the scene of her early successes, made her its representative in the Capitol's Hall of Statuary. Her lonely, somewhat melancholy figure stands in company with Daniel Webster and Thomas Benton, the only woman among the Immortals.

LOUISE M. YOUNG

Moylan, Pa.

LETTER TO THE EDITOR

December 26, 1944

Dear Sir:

Having been away from New York on a lecture tour I have just received a copy of Mr. Ely Culbertson's review of Georgia Lloyd's and my book *Searchlight on Peace Plans* which appeared in the November issue of THE ANNALS.

In one way Mr. Culbertson's appraisal of our book heaps extravagant praise; in another it conveys a false impression of our work.

Mr. Culbertson, in effect, says that because both political scientists and laymen have made careless use of the structurally descriptive words *alliance*, *confederation* and *federation* we had no right to attempt precise definitions of them. He also accuses us of "trying to smuggle" our own ideological concepts into these widely used words. Both his attitude and his irresponsible accusation are rather typical of Mr. Culbertson's so-called scientific treatment of the issues involved.

However, for his and your readers' information we would like to make clear that we arrived at these definitions not by intuition, caprice, or smuggling, as Mr. Culbertson charges, but after careful study of *alliances*, *confederations* and *federations* in actual existence at regional levels.

All three are structural methods of union of sovereign political units by voluntary consent. (This is another primary definition stressing similarity.) But a definition which is clear-cut must also point out differences and we found these in the actual method of operation or function of each type. In all blueprints of international organization, actual structure is most accurately revealed in the proposed transfers of jurisdiction or authority rather than in the label attached to the plan by the author.

We found that the *alliance* is the most primitive form of international organization. It lacks structural form and is erratic in its operation. The member nations do not transfer any authority to the alliance, retaining all decisions and enforcement for themselves.

In *confederations*, however, we do see the structural outline of government set up

along three tracks—rule-making, executive and judicial. But while we see the *outline* of government there is no operating reality for the member nations still reserve all decisions as well as enforcement, keeping the confederation as an advisory body.

In the *federation*, however, this outline of government becomes a reality because the member nations actually *agree to transfer specific but limited authority*. They actually pool the separate fragments of interstate or international sovereignty which they hitherto attempted to exercise and transfer it to a new level of government.

Most peace planners, we found, are quite hazy on differences of structure in international organization, and Mr. Culbertson and his private blueprint are no exception to this rule. Most peace planners are also quite unaware of the work of other peace planners and like to present their particular blueprint as the one and only—past, present and future. Despite the evidence to the contrary compiled in *Searchlight on Peace Plans*, Mr. Culbertson still claims that his is the only detailed plan for the coming settlement.

Sincerely,
EDITH WYNNER

LETTER TO THE EDITOR

Referring to Norman N. Gill's *Municipal Research Bureaus*, reviewed by Charles S. Ascher in THE ANNALS of January 1945.

February 16, 1945

Dear Sir:

May a long-time believer in constructive citizen fact-finding and truth-telling about democracy's governments note a few ways in which *Municipal Research Bureaus* might have been more accurate, meaningful, and infectious?

Unfortunately that book abounds in misleading and unnecessary errors and omissions. In five pages I have checked twenty-six historical slips, each minor but together costly, because they affect what higher education will care to do about the incalculable potential asset of field training for public service by rendering service.

The field training school conducted by the first bureau of municipal research was not "made possible" by Mrs. Harriman's gift. Mrs. Harriman did something far more significant: she asked key men in business, journalism, education, and government if a field training school for public service was needed; published their affirmatives (Woodrow Wilson alone dissenting); told the story through the Associated Press; raised from businessmen in several cities over four dollars for each dollar she gave; refused to tie the "Wood's Hole of political science" to Columbia; and mobilized an advisory committee whose national prestige helped give infection to the ideas of co-operating citizen research and field training for public service.

Richard Watson Gilder, poet, editor, civic leader, is called Ralph W. Gilder. It was Henry Bruere, now president of the world's largest savings bank, and not myself, who, as secretary of the Bureau of City Betterment, opened official doors for health and other budgets. Far more significant to higher education and to localities needing help that no one can give without fact-finding and truth-telling about government, are omissions from the book.

Trainees, bureau directors, and staff members who have made record-breaking contributions are not in the text, though several trainees appear in footnotes who do not recruit bureaus or trainees. Not one university teacher or student in fifty can visualize the attractions of field training and field research from the hurried tabulation of bureau achievements. There's plenty of forest but too many trees; plenty food but too few vitamins.

There's no word about the outbidding of research bureaus for able men by business and government—a by no means trifling asset when recruiting government researchers. President Taft's commanding a bureau director as chairman of his commission on efficiency and economy, that the first bureau inspired, is not cited, nor is President Franklin D. Roosevelt's calling a galaxy of municipal researchers for heading and manning his budget office.

For over twenty bureaus discussed, going back over thirty years, the book names eight trustees and seven public officials: all

the officials and eight of the trustees in New York.

It was not because Tammany Hall called the local bureau "municipal bismirchers" that the work proved nationally infectious, but because of the major idea—furnishing an indispensable and short-cut supplement to "eternal vigilance is the price of liberty"—and because of its backers. East and West, South and North, I saw key groups say to themselves: "If bankers, railroad heads, manufacturers and editors with nation-wide and world-wide responsibilities in New York believe the time has come to supplement other means to civic alertness with fact-finding and constructive truth-telling, then that time has come for key men here to do it too."

Such water over the dam would not be worth referring to but for the fact that political and social scientists now see more water coming over other dams or up to them, wherever self-government of, by, and for the governed is to take the place of Hitler and Mussolini efficiency after World War II. Our world, our country, our state, our city cannot afford the penalties of not continuously subjecting government aims and operation to "applied research."

Had not the powerful backing of the first municipal research bureau been withheld as part of history omitted from *Municipal Research Bureaus* from the record-facts and co-operatively reached proposals by the University of Wisconsin survey of 1914-15, truths and sound suggestions could not have been sidetracked and outlawed by higher education leaders until the Carnegie Foundation thirty years later characterized our graduate schools as "long torpid . . . jolted by World War II to the brink of movement . . . [though up to July 1944] merely stirred in sleep."

Whereas *Municipal Research Bureaus* might have helped higher education see and feel for opportunities to serve democracy signally by having students discover the Americanism of alert and persistent citizen research and field training for public service, its net effect—until supplemented with available information and enthusiasm—will be to delay the wakening of the social sciences to citizen opportuni-

ties and obligations which the whole post-war world needs.

WILLIAM H. ALLEN

Institute for Public Service,
New York City

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INDEX

INDEX

- Agencies for assistance of veterans, 27, 35-37
 - multiplicity of, 81
 - no new governmental agencies required, 2
 - structure of, 47
- See also* Employment services for veterans; Rehabilitation; Veterans organizations
- ARMY AIR FORCES CONVALESCENT TRAINING PROGRAM, Howard A. Rusk and Eugene J. Taylor, 53-59
- Arnold, H. H., 53
 - quoted, 59
- Bailey, A. A., cited, 138
- BAKER, HELEN, Industry's Plans for Absorbing the Disabled Veteran, 128-134
- Baker, Helen, cited, 124
- Bamford, J. B., cited, 145
- Bane, Frank, cited, 47
- BANTA, K. VERNON, Placement Service for Disabled Veterans, 109-114
- Banta, K. Vernon, cited, 124
- Barden, Graham A., 165
- Bennett, Louis L., cited, 145
- BINGHAM, WALTER V., "Start Climbing, Soldier!" The Army Program for Rehabilitating Casualties, 60-65
- BORDIN, EDWARD S., *see* Williamson, Edmund G., jt. author
- Brophy, Daniel F., cited, 168
- BROWN, FRANCIS J., Schools and Colleges Serve the Disabled, 165-174
- Brown, Francis J., cited, 162
- CALDWELL, LYNTON K., State Legislation, 46-52
- CAMERON, NORMAN, The Socially Maladjusted Veteran, 29-37
- Cartwright, Morse A., cited, 8
- CHILD, IRVIN L., Personal Adjustment of the Disabled Veteran, 135-143
- Child, Irvin L., cited, 35
- Chisholm, G. B., cited, 33
- Civil Service Commission
 - and veteran preference, 43-44, 117, 118, 120, 121
 - functions of, 116
 - placement program of, for disabled veterans, 117-119, 120-121
- Community and the veteran
 - community responsibility for adjustment, 72
 - community responsibility for employment, 3, 28, 88, 114
 - contribution of patients in Army Air Forces hospitals, 57-58
 - services for the veteran, 37
 - co-ordination of, 4, 146
 - counseling, 147
 - creation of communities for disabled veterans, 4
 - education, 148
 - for seriously disabled, needed, 90-92
 - information, 4, 147
 - may be extended to civilians, 149
 - psychiatric, 84-85, 147
 - recreation and sociability, 148-149
 - veteran adjustment, 5, 6-7, 32, 144-146
 - veterans as leaders in community activities, 28, 148
- COMMUNITY PROGRAMS FOR SOCIAL ADJUSTMENT, Eduard C. Lindeman, 144-149
- COMMUNITY RESPONSIBILITY FOR THE DISABLED, John N. Smith, Jr., 87-92
- COSGROVE, ELIZABETH, The Disabled Veteran in the Federal Government, 115-121
- Cosgrove, Elizabeth, cited, 124
- Counseling
 - before return to civilian life, 27, 85
 - Navy program for, 69-71
 - counseling agencies for the handicapped, 176
 - counselors for disabled veterans
 - co-operation of, with other specialists, 179-180
 - required skills of, 64, 95-96, 147
 - scarcity of, 147, 181
 - training of, 64, 147, 176-181
 - for civilians, 149
 - vocational guidance
 - Army Air Forces program for, 59
 - Army program for, 64
 - distinctive features of, for disabled persons, 175-176
 - for civilian disabled, 105
 - general need for, 175
 - in educational institutions, 8, 168-169, 171
 - lack of, in state and local government service, 125
 - Navy program for, 69
 - services of Civil Service Commission, 117
 - tools for, 110-111, 169-171
 - Veterans Administration program for, 94-96, 168-170
- Davis, J. E., cited, 62
- Disabled persons in U. S.
 - classified as to degree of disability, 87
 - classified as to employability, 102
 - employability of, 98-99, 101, 107-108, 115, 126
 - motives for rehabilitation of, 1-2, 101-102, 103, 108
 - number of, 1, 102
 - See also* Disabled veterans; Employment of disabled persons; Rehabilitation

DISABLED VETERAN IN STATE AND LOCAL GOVERNMENT, THE, Edward H. Litchfield, 122-127

DISABLED VETERAN IN THE FAMILY, THE, Ernest R. Mowrer and Harriet R. Mowrer, 150-159

DISABLED VETERAN IN THE FEDERAL GOVERNMENT, THE, Elizabeth Cosgrove, 115-121

Disabled veterans

adjustment of

aided by veterans organizations, 4, 36-37

Army Air Forces program for, 57-58

Army efforts for, 85

community responsibility for, 72

community services for, 4

difficulties of, 3, 26-27

Navy program for, 69-71

to community, 5, 6, 28

to disability, 4-5, 135-143

to employment, 6-7, 99-100, 119, 131

to family, 5-6, 150-159

classified by degree of disability, 87

community and family attitudes toward, 6, 27, 150-158

importance of, 12, 19, 27-28

definition of, 123

Federal provisions for, 89

compensation, 38-40, 41

homesteads, 44

hospitalization and domiciliary care, 40-41, 73, 78

prosthetic appliances, 41

various benefits, 42-43, 44-45

veteran preference, 43-44

vocational rehabilitation, 42, 93-100, 165

individualized treatment of, 3

not segregated in vocational training, 119, 166, 171

number of, 10, 11, 123, 166

occupational choices of, 96

state provisions for

financial and legal assistance, 51-52

health services, 50-51

informational service, 52

psychiatric care, 51, 81-83

re-employment, 49-50

vocational rehabilitation, 48-49

See also Rehabilitation; Servicemen; Veterans

Doherty, W. B., cited, 62

Dollard, John, 135
cited, 143

DONAHUE, WILMA T., and CLARK TIBBITTS,
The Task Before the Veteran and Society,
1-9

Dubel, Bernard, 68

Dunbar, F., cited, 138

Dye, Harold B., cited, 134

Education

of specialized workers for disabled veterans,
8, 64, 112-113, 147, 176-181

of veterans, 7-8

community responsibility for, 148

state provisions for, 48

opportunities in

Army Air Forces hospitals, 55-57

Army convalescent facilities, 61-62

Navy hospitals, 68-69

See also Training of employers and staff;

Vocational training

Educational institutions

adaptation of, to veterans

acceleration, 7-8, 97, 167

accreditation and requirements for graduation,
170-171

courses offered, 171-172

suggested improvements in, 173-17-

co-operation of, re education and counseling
of veterans, 167-169, 173-174

selection of, for vocational training, 96-97

variety of veteran students applying to, 167

veteran enrollment in, 166

Eisenson, Jon, cited, 62

Employment of disabled persons

as increasing employers' liability, 50

as the objective of rehabilitation, 93, 106,
128, 129

attitudes of labor unions toward, 125, 130

community responsibility for, 3, 28, 38, 114

during hospitalization, 133-134

encouraged by "second-injury fund," 50

in Federal Government

number of physically handicapped, 121

placement program, 117-119, 120-121

success of, 115

in sheltered workshops, 14, 89

in state and local government

as affecting quality of public service, 126

lack of preparation for, 123-124, 125-126

suggested procedures for, 126-127

industry's experience with, 107-108, 126

industry's responsibility and plans for, 99

company policies, 128-130

company procedures, 130-131

company programs, 132-134

large versus small plants, 128

obstacles to, 50, 98-99

state programs for, 49-50

See also Counseling; Veteran preference

Employment services for veterans

carried into hospitals, 112, 117

of Civil Service Commission, 117-119, 120-
121

of U. S. Employment Service, 111-122

of Veterans Administration, 98-99

of veterans organizations, 161-162

organization of, 109-110

various, 113-114

- See also* Counseling; Training of employers and staff; Vocational training
 England, Robert, cited, 33
- Family, the
 adjustment of veterans to, 5-6, 29-32, 150-153
 husband-wife relationship, 30-31, 154-157
 parent-child relationship, 30, 157-158
 professional aid in, 27, 158-159
 unmarried veteran, 31, 153-154
 attitude of, to veterans, 6, 27, 30, 31, 150-158
 relationships always in flux, 152-153
See also Marriage
- FEDERAL LEGISLATION, Gerald Monsman, 38-45
 Frampton, M. E., cited, 62
- Government employees, number of
 in executive branch of Federal Government, 116
 in state and local governments, 122
 estimate of disabled veterans, 123
 physically handicapped placed by Civil Service Commission, 121
See also Employment of disabled persons
- Governmental agencies for care of veterans,
see Agencies for assistance of veterans
- Grant, David N. W., 53
 Green, Dwight H., quoted, 51
- Harvey, Verne K., cited, 120
- HAWLEY, AMOS H., *see* Newcomb, Theodore, jt. author
- Hawley, Amos H., 144
- Health and health services
 medical and surgical advances, 10-13, 89
 Mental Hygiene Unit of U. S. Public Health Service, 119
 proposed health programs in Federal agencies, 120
 public mental health services needed, 27-28
 state provisions for, 50-51
See also Rehabilitation; Types of disability
- Hendrix, A. A., cited, 132
- HINES, FRANK T., Medical Care Program of the Veterans Administration, 73-79
 Vocational Rehabilitation Program of the Veterans Administration, 93-100
- Hines, Frank T., 81, 90, 165, 168
 cited, 114
- Hollister, I. C. E., cited, 166
- INDUSTRY'S PLANS FOR ABSORBING THE DISABLED VETERAN, Helen Baker, 128-134
- Informational services for veterans
 community, 4, 147
 for neuropsychiatric veterans, 81
 lack of, in state and local governments, 125
 of Navy and Marine Corps, 70
 of veterans organizations, 163
 state, 52
- Ketchum, Omar B., 160
- Kirk, Norman T., 61
- Krieger, Harley L., quoted, 132
- Labor unions, attitudes of toward employment of disabled veterans, 129, 130
- Legislation benefiting veterans
 compensation, 38-40, 41
 disqualification for benefits, 43
 Federal, 38-45, 89
 financial and legal assistance, 51-52, 93
 homesteads, 44
 hospitalization and domiciliary care, 40-41, 50-51, 73-74
 neuropsychiatric treatment, 51
 prosthetic appliances, 41
 re-employment provisions, 49-50, 109, 113-114, 116-117, 128
 Servicemen's Readjustment Act of 1944 ("GI Bill of Rights"), 42-43, 109, 165
 state, 46-52
 various, 44-45
 veteran preference, 43-44, 117
 vocational rehabilitation, 42, 93, 98, 165
- LINDEMAN, EDUARD C., Community Programs for Social Adjustment, 144-149
- Lindeman, Eduard C., cited, 35
- Linton, R., editor, 143
- LITCHFIELD, EDWARD H., The Disabled Veteran in State and Local Government, 122-127
- Litchfield, Edward H., 124
 cited, 122, 126
- Long, Louis, cited, 168
- Luongo, E. Parker, cited, 120
- Lynch, D. L., cited, 126
- McCammon, John, cited, 119
- McFarland, Ross A., cited, 123, 124
- MANN, GEORGE C., The Navy Rehabilitation Program, 66-72
- Marriage
 mutual adjustment in, 30, 154
 as affected by in-laws, 156
 as affected by wartime changes, 156-157
 war marriages, unsatisfactory nature of, 31, 154
See also Family, the
- Marvin, Cloyd H., 165
- MEDICAL CARE PROGRAM OF THE VETERANS ADMINISTRATION, Frank T. Hines, 73-79
- MENNINGER, WILLIAM C., The Mentally or Emotionally Handicapped Veteran, 20-28
- MENTALLY OR EMOTIONALLY HANDICAPPED VETERAN, THE, William C. Menninger, 20-28
- Miller, N. E., cited, 143
- Moersch, F. P., cited, 138

- MONSMAN, GERALD, Federal Legislation, 38-45
 Montgomery, Howard H., quoted, 66-68
 MOWRER, ERNEST R., and HARRIET R. MOWRER,
 The Disabled Veteran in the Family, 150-
 159
 MOWRER, HARRIET R., *see* Mowrer, Ernest R.,
 jt. author
- NAVY REHABILITATION PROGRAM, THE, George
 C. Mann, 66-72
 NEWCOMB, THEODORE, and AMOS H. HAWLEY,
 Rehabilitation Services of Veterans Or-
 ganizations, 160-164
- OCCUPATIONAL REHABILITATION COUNSELING,
 Edmund G. Williamson and Edward S.
 Bordin, 175-181
 Odom, Edward E., cited, 46
- Pack, Philip C., quoted, 49
 Patton, J. Fred, cited, 149
 Pensions for veterans
 as expression of national gratitude, 73
 PERSONAL ADJUSTMENT OF THE DISABLED VET-
 ERAN, Irvin L. Child, 135-143
 PHYSICALLY DISABLED, THE, Technical Infor-
 mation Division, Office of the Surgeon
 General, U. S. Army, 10-19
 Pintner, Rudolf, cited, 62
 Placement of veterans, *see* Employment serv-
 ices for veterans
 PLACEMENT SERVICE FOR DISABLED VETERANS,
 K. Vernon Banta, 109-114
 Pratt, George K., cited, 30, 34, 115, 145
 Psychiatric care, *see* Rehabilitation
- Quadfasel, Fred A., 135
- Radio programs of patients in Army Air
 Forces hospitals, 57-58
 Recreation as means of rehabilitation of vet-
 erans, 57, 76, 148
 Rehabilitation
 all-inclusive nature of, 3, 11-12, 55, 59, 61,
 65, 66, 76, 87, 147
 Army Air Forces program
 educational opportunities *cf.*, 55-57
 objectives of, 53, 56, 59
 origin, method, and results of, 53-55
 resocialization of patients, 57-58
 vocational guidance, 59
 Army program
 educational reconditioning, 61-62
 objectives of, 60
 occupational therapy, 63
 physical reconditioning, 62-63
 vocational guidance, 64
 conserves manpower, 53, 60, 66, 101
 defined, 87
 depends on veteran's own efforts and atti-
 tudes, 64-65, 136, 139-140
 facilities for (hospital and other), 50-51, 56,
 60, 68, 69, 74-75, 77-79
 community services needed, 90-92
 inadequacy of, 89
 legislative provision for, 40-41, 73-74, 89
 integration of services for, 56, 61, 77, 87,
 104-106, 128, 179-180
 medical and surgical advances, 10-13, 89
 Navy program
 educational services, 68-69
 objective of, 66
 pre-separation counseling and assistance,
 69-71
 principles and methods of, 66-68
 success of, 71
 vocational guidance and training, 69
 occupational therapy, 63, 76, 134
 of civilian disabled
 economic results of, 108
 facilities for, 104
 factors in, 104-106
 fiscal provision for, 103-104, 106
 legal provision for, 102-103
 related agencies for, 106-107
 terms on which services are available, 106
 of various physical disabilities, 11-18, 60, 67
 physical reconditioning, 54-55, 57, 62-63, 67
 prostheses and training in use of, 12, 17, 54,
 75, 77-78, 105, 139, 142
 legislative provision for, 41
 psychiatric care
 advances in, 51
 community efforts for, 84-85, 147
 facilities for, 60, 80
 inadequacy of, 83-84, 86
 for industrial workers, 130-131, 133, 134
 lacking in state and local government serv-
 ice, 125
 multiple agencies for, 81
 state plans and programs for, 51, 81-83
 requisites for success of, 53
 Veterans Administration services
 eligibility for, 78-79
 facilities and services, 74-78, 79
 occupational therapy, 76
 recreational opportunities, 76
 social work, 76-77
 See also Vocational training
- REHABILITATION OF THE CIVILIAN DISABLED,
 Michael J. Shortley, 101-108
 REHABILITATION SERVICES OF VETERANS OR-
 GANIZATIONS, Theodore Newcomb and
 Amos H. Hawley, 160-164
 RENNIE, THOMAS A. C., State and Private
 Agencies for Psychiatric Care, 80-86
 Rennie, Thomas A. C., cited, 36, 162
 Rice, Millard C., 160
 Riddoch, G., cited, 138

- Rogers, C. R., cited, 143
 Rowell, H. G., cited, 62
 Runes, D. D., cited, 62
 Rusk, Howard A., cited, 60, 124
 RUSK, HOWARD A., and EUGENE J. TAYLOR,
 Army Air Forces Convalescent Training
 Program, 53-59
- Scheiberling, Edward N., 160
 Schlink, C. C., Jr., cited, 133
 SCHOOLS AND COLLEGES SERVE THE DISABLED,
 Francis J. Brown, 165-174
 Scott, Walter, cited, 114
 Servicemen
 adjustment capacity of, 20-23
 factors in limitation of, 23-24
 personality changes in, 5-6, 58, 151, 157
 See also Disabled veterans; Veterans
 Shaffer, L. F., cited, 142
 SHORTLEY, MICHAEL J., Rehabilitation of the
 Civilian Disabled, 101-108
 Shortley, Michael J., 90, 165
 cited, 1, 29, 82, 114, 124
 Slichter, Sumner H., cited, 49
 SMITH, JOHN N., JR., Community Responsi-
 bility for the Disabled, 87-92
 Social change
 as affecting veterans, 5, 29-30, 152
 SOCIALLY MALADJUSTED VETERAN, THE, Nor-
 man Cameron, 29-37
 Specialized workers for disabled veterans
 co-operation among, 179-180
 dearth of, 8, 80, 83
 high quality of, necessary, 71, 98
 training of, 8, 112-113
 See also Counseling—counselors; Training of
 employers and staff
 Stanton, Mildred, cited, 62
 "START CLIMBING, SOLDIER!" THE ARMY PRO-
 GRAM FOR REHABILITATING CASUALTIES,
 Walter V. Bingham, 60-65
 STATE AND PRIVATE AGENCIES FOR PSYCHIATRIC
 CARE, Thomas A. C. Rennie, 80-86
 STATE LEGISLATION, Lynton K. Caldwell, 46-
 52
- TASK BEFORE THE VETERAN AND SOCIETY, THE,
 Wilma T. Donahue and Clark Tibbitts,
 1-9
 TAYLOR, EUGENE J., *see* Rusk, Howard A., jt.
 author
 Taylor, Eugene J., cited, 60, 124
 TECHNICAL INFORMATION DIVISION, OFFICE OF
 THE SURGEON GENERAL, U. S. ARMY, The
 Physically Disabled, 10-19
 Thoreau, Henry David, 148
 TIBBITTS, CLARK, *see* Donahue, Wilma T., jt.
 author
- Training of employers and staff
 for care of disabled workers, 113, 130-131,
 132, 134
 See also Counseling—counselors; Specialized
 workers for disabled veterans
 Types of disability
 arthritis, 14-15
 blindness, 18, 67
 cardiovascular cases, 16
 deafness, 17, 67
 mental and emotional disturbances, 24-26,
 81
 neurosurgical cases, 12-13
 orthopedic cases, 11-12, 54, 67, 75, 77-78
 peptic ulcers, 16
 respiratory diseases (besides tuberculosis), 14
 rheumatic fever, 15-16
 social maladjustment, 29-37
 trench foot, 16-17
 tropical diseases, 61, 68
 tuberculosis, 13-14
- Van Ravenswaay, Arie C., cited, 54
 Veteran preference
 for disabled veterans, 120, 121, 129
 in New Jersey, 50
 legal provision for, 43-44, 117
 system of, for Federal employment, 43-44,
 118
 system of, for state and local government
 employment, 124-125
 Veterans
 adjustment of
 aids to, 35-37
 as related to change of status, 32, 35, 99
 as related to pre-service adjustment, 34-
 35
 in the community, 6, 32, 144-146
 in the home, 29-32; 150-159
 pre-separation preparation for, 35-36, 85
 social maturity and, 32-34
 as heroes, 6, 150
 as part of the community, 85, 149
 definition of, 123
 dependent attitude of, 5-6, 7, 34, 138
 detachment of, from civilian life, 5-6, 29,
 36, 58, 144-146, 151
 integration of services for, 86, 146
 national obligation to, 1, 10, 73, 100
 social needs of, 147-149
 See also Disabled veterans; Legislation bene-
 fitting veterans; Servicemen
 Veterans Administration
 medical facilities and services, 73-79
 Vocational Rehabilitation and Education
 Service, 93-100
 See also Vocational training
 Veterans organizations
 services of, for veterans
 employment services, 161, 163

- information services, 163
- legislative activity, 160-162, 162
- securing benefit claims, 16., 163
- suggested broadening of, 152
- various, 4, 162
- similarity and competition of 160, 162, 163-164
- value of, in veteran adjustment, 36-37
- Vocational guidance, *see* Counseling
- VOCATIONAL REHABILITATION PROGRAM OF THE VETERANS ADMINISTRATION, Frank T. Hines, 93-100
- Vocational training
 - of civilian disabled, 105-106
 - of veterans
 - case histories of, 172-173
 - during hospitalization, 69, 133-134
 - facilities for, 119, 167-172
 - legislative provision for, 42, 93, 98, 165
 - on the job, 96, 97, 131, 171
 - state programs for, 48-49
 - through occupational therapy, 63-64, 134
 - under Veterans Administration
 - eligibility for, 93-94
 - selection of existing facilities, 96-97
 - supervision of training, 97-98, 168-170
- Wakefield, Troy P., cited, 124
- Waller, Willard, cited, 29, 36, 148
- War marriages, *see* Marriage
- Wecter, Dixon, cited, 35
- White, Alice M., 135
- White, Leonard D., cited, 123, 125
- Wickenden, Elizabeth, cited, 37
- WILLIAMSON, EDMUND G., and EDWARD S. BORDIN, Occupational Rehabilitation Counseling, 175-181
- Wilson, Woodrow, 100
- Young people, veterans as leaders of, 28
- Ziegfeld, E. H., 68



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